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ABSTRACT

Between the mid 1970s and 1992, daily cigarette use by high school seniors dropped by 60%. Since then, two factors have become apparent that have added to an increase in cigarette use by teenagers. First, instead of supporting tax increases and smoking bans, health lobbyists and Clinton administration officials aimed criticism at youth and their vulnerability to the pressure from cigarette industry's advertising campaigns. Second, parents of the current generation of high-risk teenagers have untreated drug problems that interfere with their role in guiding their children about not smoking. This book argues that teenagers today are getting the wrong message about cigarette smoking. The government's decision to limit the age teenagers can buy tobacco implies that they have to be old enough to participate. The anti-tobacco lobby adds to the confusion by suggesting that instead of telling teenagers to resist influences from their peers about smoking, they should be like their peers and not smoke, since the majority of teenagers do not smoke. The results of the American tobacco policy of the 1990s have shown that strategies fail when they are anti-youth, denigrate adolescent decision-making, and insist that adults take away youth rights. As long as the tobacco industry continues its anti-smoking campaign aimed towards youth, while at the same time increasing advertising to adults, tobacco use will not decline. Some of the recommendations included to help achieve a smoke-free society are: (1) the thrust of anti-tobacco policy should be that tobacco use is socially unacceptable; (2) tobacco should be regulated as an addictive drug; (3) tobacco policy reform must be integrated with reformed drug policies; and (4) tobacco education should be factual and encourage teenage resistance against drug addiction. (Contains 80 references.) (JDM)

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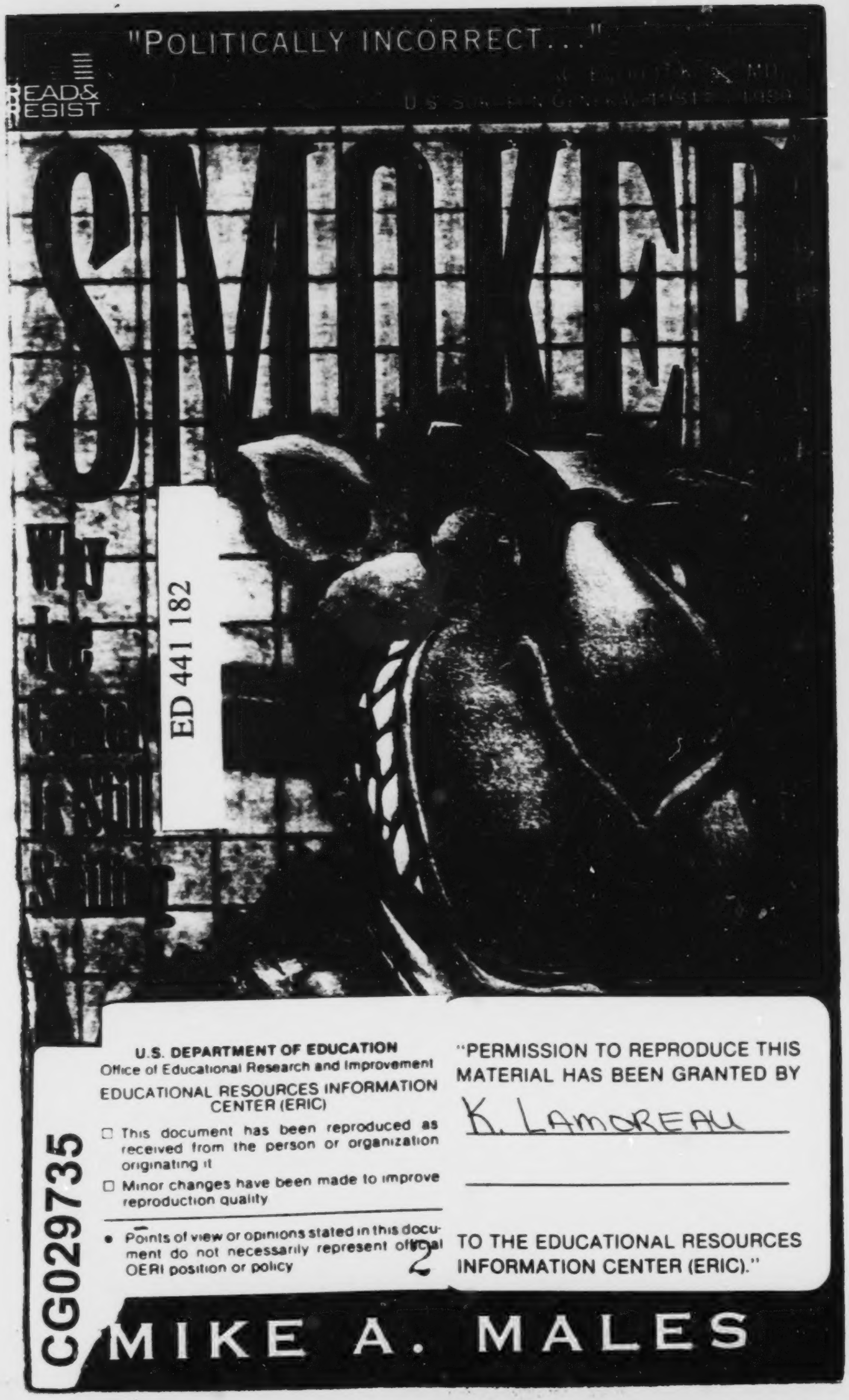

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READ& RESIST

SMOKED

Why Joe Camel Is Still Smiling

ED 441 182

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MIKE A. MALES

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THE READ & RESIST SERIES

SMOKED

WHY JOE CAMEL IS STILL SMILING

MIKE A. MALES

COMMON COURAGE PRESS MONROE, ME

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Benjamin Males
Frank Males
Robert Arnold

Died from smoking.

—Michael Arnold Males
Santa Cruz, California
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"The biggest con job in the history of the world"

In the early 1990s, the tobacco industry was wheezing. In the previous dozen years, cigarette consumption had dropped 25%, cigar sales were down by half, the industry's gross domestic product plunged 60% in real dollars, and profits were flat.[1] The political climate was lousy. States were raising tobacco taxes, led by California's hike of 25-cents per pack, approved in a 1989 referendum despite frantic and lavish industry opposition. No-smoking zones were spreading in workplaces and public buildings, even to sacrosanct restaurants and bars. The industry's crucial lobbying base, tens of thousands of tobacco farmers, had dwindled despite a strong federal subsidy scheme to keep their numbers up. Over a million choice customers were quitting or dying every year. Anti-smoking sentiments had cost the industry 30 million smokers in addition to those dispatched by cancer and emphysema. Fewer young replacement customers were in sight. Between the mid-1970s and 1992, daily smoking by high school seniors had dropped 40%, teen smoking as a whole had dropped by 60%, and adult smoking had fallen by one-third. While overseas markets showed promise, domestic sales seemed in free fall.

But at the dawn of the millennium, the industry is breathing easier. The number of smokers is stable. Smoking by high school seniors rose 25% from 1992 to 1998. Adult smoking leveled off and started to rise after

1995. The industry's gross domestic profit reversed its slide in 1993 and was up 10% in real dollars by 1996.

"Big Tobacco is smokin'," *USA Today* announced in November 1998.[2] The tobacco settlement with states will cost the industry $246 billion over the next 25 years, a much sweeter deal than the $516 billion price tag of previous lawsuits, scuttled by Congress after record lobbying by the industry. "The tobacco industry won on all the important issues," lamented Stanton Glantz, a University of California medicine professor, the nation's leading tobacco-industry document exposer, and an independent thinker among anti-smoking activists. "This is going to go down as one of the biggest con jobs in the history of the world." Since the industry's payouts to states are tax deductible, the industry's net outlay will amount to only half to two-thirds the stated amount. If anti-smoking policies work and cigarette sales fall, so do the industry's payments. The settlement thus gives states incentive to oppose tough anti-tobacco measures.

By limiting health-related civil suits, the settlement will "take the biggest monkey off the industry's back," *USA Today*'s economic analysts predicted. And it's at a small price—a 35-cent-per-pack hike, which (as will be shown) may never materialize. Big Tobacco's stocks jumped by 53% in five months in late 1998's otherwise bearish market after the settlement, Standard and Poor's index showed.

The industry continues to be lambasted regularly as a predatory cradle robber by luminaries of both parties. But, oddly enough, the more politicians heatedly denounced tobacco sellers, the less interested they seemed in pushing substantive legislative and policy changes of the kind that had wrecked tobacco companies' sales and reputations in the '80s. On the liberal side, many weren't even pretending. In crucial Congressional action in 1998 and 1999, the industry relied on hired guns George Mitchell (former Democratic Senate Majority Leader) and Ann Richards (former Democratic Governor of Texas) to pitch their case to liberals. On the conservative side, under the subterfuge of a bill to "crack down on teen smoking" (which the tobacco industry enthusiastically supports), the Republican Congress stood ready to grant the industry even greater legal immunity, bury the idea of tax increases, and prohibit the Food and Drug Administration from phasing out the industry's most potent marketing tool—the addictive nicotine content of cigarettes.

How did the industry turn its fortunes around? Especially during the reign of Democrat William Clinton, whom industry critic Richard Kluger called America's "first avowedly anti-smoking president"?[3] While the sad evidence is that the industry's role in its rise from the ashes was merely opportunistic, of much more importance were two trends that have received virtually no scrutiny.

First, the new health lobbies and Clinton officials shied away from effective anti-smoking measures such as tax increases and smoking bans in favor of poll-driven, pop-culture irrelevancies aimed at boosting their popular standing by blaming smoking on children and their supposed vulnerability to industry flimflam. While it may seem counterproductive to criticize groups which have worked in the past to end smoking, recent developments show the lamentable results that can occur when a grass roots movement becomes professionalized and coopted by powerful interests such as politicians bent on harvesting votes by fighting vice. The chief anti-smoking lobbies, especially the Campaign for Tobacco-Free Kids (a creation of major anti-tobacco interests including the American Cancer Society, American Heart Association, American Medical Association, Kaiser Family Health System, Annie E. Casey and Robert Wood Johnson foundations), have become enthralled by power and money from the badly flawed tobacco settlement they helped craft. The agreement's structure contains powerful incentives for anti-smoking groups to pursue high-profile but ineffective strategies (as will be detailed later).

Second, the particular 1990s youth most likely to take up addictive habits—so-called "high risk" adolescents whose parents were suffering from a runaway epidemic of heroin, cocaine, and alcohol abuse—were opting for lighter use of softer drugs such as beer, marijuana, and tobacco in reaction against the debilitation of the adults around them. The refusal of major health interests to confront the epidemic of adult drug abuse that debilitated millions of families, or to even admit it was occurring, has made anti-drug and anti-smoking measures largely irrelevant to the realities young people face.

These two factors together overcame favorable conditions for anti-smoking gains in the 1990s, and the politically-hobbled anti-smoking movement flounders like a race car on half its cylinders. Despite some major dents, the tobacco industry stays a lap or so ahead. While this situation is bad for anti-smoking policy, it advances some goals of both sides: anti-smoking politicos get political popularity and business gets profits. As will become clear, the 1990s tobacco debacle is a testament to the dangers of allowing health policy to devolve into political currency.

The rationale for punishing teens and making their tobacco use illegal is simple: youth haven't developed the mature judgment needed to make informed decisions. It sounds like a compelling argument, except the facts don't support it. For example, before the authorities of the 1990s decided to institute increasingly draconian punishments against youths who tried tobacco, teen smoking had fallen sharply absent coercion for 20 years. Montana teenagers could legally buy cigarettes and chewing tobacco in the 1980s, yet (even in the heart of Marlboro Country) their rates of tobacco use were the lowest of any state in the nation—lower than in states which aimed legal bans and draconian penalties at teen smoking. The strategy of anti-smoking groups to treat teenagers as an enemy requiring denigration, lecturing, and punishment has proven popular but disastrously counterproductive in smoking prevention.

Drug war failure

Today's failed tobacco policy is closely connected to other botched anti-drug strategies. That these policies remain not only popular but ripe for toughening derives from several destructive, often contradictory American axioms relating to intoxicating substances:

- Illegal drugs are qualitatively different from legal drugs.
- One illegal drug is as bad as another.
- Casual and experimental use is the same as abuse and addiction. In fact, casual, moderate use of illegal drugs is more objectionable than abuse, since

the former is voluntary sin and the latter involuntary compulsion.

- The use of intoxicating or addictive substances is acceptable for adults but not for "children." (The definition of "children" shifts radically depending on expediency.)

Rational drug policy distinguishes between drugs, drug users, and types of drug use based on their individual qualities. In contrast, the U.S.'s National Drug Control Policy incorporates arbitrary policies founded on race (i.e., the much harsher penalties for crack than for powder cocaine use), age (ignoring even dangerous drug abuse by the old versus criminalization even of the safest drug use by the young), industry profit (the irrational legality of even the most dangerous drugs produced by corporations versus harsh punishments for use of even the mildest illegal drugs), and outrage over challenges to authority (the official rationale for all the above arbitrariness). While those who seek to reform drug policies have challenged some of these dogmas, they have been silent or in tacit agreement with others. Thus, with only limited debate, the United States has moved toward more punitive enforcement of more senseless repressions, prisons have filled, drug abuse has worsened, both legal and illicit drug industries have prospered, and young people have been left to design their own, often surprising responses.

Smoke-free society: sayonara

Anti-smoking policy has gone through three distinct phases: the 1980s "smoke free society" movement, the 1990s exploitation of smoking as a political commodity, and, as 2000 nears, renewed interest in effective smoking-reduction measures. The first phase, in the 1970s and 1980s, reached its zenith with Reagan Surgeon General C. Everett Koop's campaign for a "smoke-free society by 2000." This era was characterized by federal and state tax increases, banishment of smoking from public and many private areas, innovative and aggressively publicized studies documenting the social costs of tobacco use and the health risks to nonsmokers of passive smoking, and intensive health promotions aimed at undermining the social acceptability of smoking.

Stanton Glantz, anti-tobacco pioneer and America's premier analyst of tobacco industry documents, has charted the deterioration in smoking policy since the time of that effective crusade. In 1994, an anonymous "Mr. Butts" inside the industry dumped 8,000 pages of secret tobacco documents on Glantz's doorstep. A medicine professor at the University of California at San Francisco, Glantz has survived bitter industry attacks, lawsuits, and even legislation designed to defund his research. His 1996 encyclopedia, *The Cigarette Papers*, is the leading compendium of industry marketing strategies. In a February 1996 editorial in the *American Journal of Public Health*, Glantz made this evaluation:

> During his tenure, Surgeon General C. Everett Koop transformed the public debate over tobacco use by calling for a smokefree society by the year 2000. He was the first major public official to articulate clearly the message that smoking need not be a part of American life. The tobacco industry went wild and aggressively attacked Koop, because his message went to the core of the tobacco issue: tobacco use in public was no longer socially acceptable.[4]

Tobacco industry chronicler and critic Richard Kluger, in his 1996 *Ashes to Ashes*, reported the unusual fierceness with which Koop, a pediatric surgeon and evangelical Christian sermonizer against abortion, attacked the tobacco industry's "ridiculous" positions that smoking was not addictive or harmful. Koop seemed genuinely shocked that major business executives could peddle a dangerous product using outright deceit. He lost no opportunity to pillory what he called "that sleazy outfit" (the cigarette industry) and its "ability to buy its way into the marketplace of ideas and pollute it with its false and deadly information."[5] Koop tirelessly railed against tobacco hazards, using the annual Surgeon General's report as a platform to make his case. His crusade was launched only months after he took office with a strongly-worded trilogy on smoking and cancer (1982), heart disease (1983), and emphysema (1984) that documented the medical case against cigarettes.

Unlike later anti-smoking campaigns that have become politically narrow, Koop's was wing-to-wing. Reports issued by the Reagan and Bush administrations' Office on Smoking and Health firmly established smoking's addictiveness, cancer- and heart disease-causing effects, and hazards to non-smokers. Smoking, in one of Koop's widely-quoted findings, is addictive in a manner similar "to drugs like heroin and cocaine." Koop was the first major figure to warn of the carcinogenicity of chewing tobacco and to blast U.S. trade policies which helped tobacco companies sow markets abroad. "There is a higher good," he protested to administration trade officials in 1988, "than the greed market. I think it is reprehensible for this wealthy nation to export disability, disease, and death to the Third World."[6]

Koop-era reports such as *The Health Consequences of Involuntary Smoking* (1986) sounded the clarion call that would make smoking a broad-based health issue, not just one affecting active smokers. That year, the National Research Council issued a companion technical research summary, *Environmental Tobacco Smoke*. Lengthy sections of both volumes described the known, and often severe, health damage parents' smoking causes to their children—acute and chronic bronchitis, asthma, ear effusions, reduced lung capacity, even cancer—and the more speculative effects public smoking caused in nonsmoking adults. The EPA's 1992 follow-up to these reports, entitled *Respiratory Health Effects of Passive Smoking*, which declared passive nicotine fumes a carcinogen to nonsmokers, cemented Koop's legacy. In the grumblings of R.J. Reynolds and Philip Morris chieftains, Koop's "radical anti-tobacco posturing" was "single-handedly responsible for reinvigorating the antismoking movement." One tobacco-state congressman snarled that Koop had inaugurated "a very deliberate attempt to turn nonsmokers into antismokers."

That seemed exactly Koop's purpose. Perhaps the most hard-hitting, concise, and clearly presented summary of tobacco hazards was the Office on Smoking and Health's 1989 booklet, *Smoking, Tobacco, and Health: A Fact Book*. Coming from an administration least expected to take anti-business stances, the broad-based nature of the Koop anti-smoking salvo and his 1984 declaration to create "a tobacco-free society by 2000 A.D.," lambasted the industry. In the face of vigorous counter-attacks against Koop by the industry and its congressional defenders, the Reagan-era strategy seemed to be to allow Koop to conduct his information crusade so long as substantive policies protected industry interests. Yet two modest Reagan-Bush-era events, the increases in the federal tobacco tax from 8 cents to 16 cents per pack in 1983 and to 24 cents in 1991, signaled a stronger federal resolve to prevent smoking than subsequent facile, anti-tobacco rhetoric from the Clinton regime.

Koop-era policy stressed the interconnectedness of teen and adult smoking, not the artificial separation later health officials would invent. Health policy documents highlighted that children and teenagers were victimized by adult smoking. Further, "the smoking habits of children are highly correlated with smoking habits of parents," the 1986 Surgeon General's report states.[7] "Seventy-five percent of all teenage smokers come from homes where parents smoke," the 1989 *Fact Book* reported.[8]

Snuffing out the anti-smoking momentum

These crucial points about the relationship between teen and adult smoking would become taboo after Koop departed in 1989, and the tobacco issue became increasingly hostage to political and institutional agendas. Indeed, Koop's successor, Antonia Novello, and Bush-era health secretary Louis Sullivan, retreated into the strategy Clinton aides would later refine and amplify to immense political profit: public deploring of teenage smoking combined with behind-the-scenes accommodation of industry interests. For example, neither Novello nor Sullivan spoke forcefully against a vital business interest, tobacco exports.

Looking back on the late 1980s and early 1990s in light of what happened afterward, it is clear that integrated health strategies attacking the social acceptability of smoking had been successful, especially with young people. During this period, smoking declined rapidly among all groups, beginning with younger ages. Indeed, the plummeting levels of youth smoking in the 1970s signaled that radical smoke-free campaigns could work. The population of beginning smokers had fallen by 40% from the early 1970s to the early 1990s, more adults were quitting, and further inroads against smoking seemed inevitable.

At the same time, innovation was needed. The remaining cadre of smokers, those who resisted health promotions, were of the hard core variety. To sway them would require tougher measures such as raised taxes and steady de-nicotining of cigarettes.

At this juncture came a crucial development (one unrecognized then, and still unrecognized today, despite two decades of clear statistics): the explosion in hard-drug abuse among baby boomers of age to be parenting older children and teens. A consequence of this was a sharp increase in youths growing up in households and communities where parents and other nearby adults were addicted to heroin, cocaine (including crack), methamphetamine, and alcohol. The failure of anti-smoking and anti-drug policies to take this unexpected turn of events into account signaled the beginning of the end of the effective crusade.

Passive smoking's biggest victims: kids

One feature of the veering away from health goals and toward political ones is shown in the growing indifference toward children whose health is damaged by adults' smoking. While eager to protect nonsmoking adults from secondhand smoke in public buildings and workplaces, anti-smoking lobbies have shown little interest even in publicizing, let alone working against the exposure of 15 to 25 million children and youths to far more damaging levels of tobacco smoke in their homes by their parents and other adult nicotine addicts. According to the 1986 Surgeon General's and National Research Council's reviews of dozens of studies, children are the biggest victims of passive smoking. Research showed that children of smoking parents suffer much higher rates of low birth weight, asthma, acute and chronic bronchitis, diminished lung capacity, ear effusions, cancers, and overall poor health.

In the Clinton era, children and youths victimized by adult smoking were accorded little attention. Instead, the new administration vilified youths as the *cause* of the "epidemic." In stark contrast to Koop, Clinton Surgeon General Joycelyn Elders dodged the adult smoking issue. Her 1994 report, *Preventing Tobacco Use Among Young People*, targeted tobacco ads and "peer pressure" while burying in back pages research findings such as, "approximately 17% of lung cancers among nonsmokers can be attributed to high levels of ETS (environmental tobacco smoke) during childhood and adolescence."

But just how bad a problem is second hand smoke for children? In July 1997, the University of Wisconsin, Madison, Medical School surveyed 16 years of research and concluded:

> Parental smoking is an important, preventable cause of morbidity and mortality among American children...Involuntary tobacco exposure contributes each year to millions of cases of disease and disability, as well as to thousands of deaths of American chil-

> dren...it results in annual direct medical expenditures of $4.6 billion and loss of life costs of $8.2 billion.[9]

The study estimated that at least 6,200 children die from lung infections and fires and 5.4 million suffer health damage every year caused by household smoke emitted by their parents. (The study estimates that 40% of parents smoke; one-third seems more defensible.) "More young children are killed by parental smoking than by all unintentional injuries combined" from gunshots to car accidents, the study's authors declared.

Likewise, a 1996 University of Massachusetts Medical Center review of more than 100 studies, published in *Pediatrics*, found that "the use of tobacco products by adults has an enormous adverse impact on the health of children," causing hundreds of deaths and hundreds of thousands of illnesses and injuries, even by a conservative estimate.[10] Tiny, inside-page squibs, with no comment by authorities, were all the Big Media ran on the Wisconsin and Massachusetts studies.

This is not to say that second-hand smoke has not been a big issue. Health lobbies certainly take passive smoking research seriously when their own nostrils might be offended at a posh Massachusetts Avenue watering hole. "Most attention regarding ETS has been focused on harm to adults," the Wisconsin doctors observed, "even though data accumulated during the last 20 years have consistently found a link between ETS and ill effects on the health of children." The Massachusetts researchers reported:

> More than 20 states have enacted laws granting smokers the right to smoke when they are not working. Yet, not a single state has enacted a law recognizing the

> right of children to remain free from bodily harm as a result of smokers' use of tobacco products.

"Smoking should be banned wherever children are present," they concluded, reinstating Koop's and the National Research Council's landmark recommendations from a decade earlier.

Smokers and the tobacco industry, following self interest, would loudly protest any measure to restrict smoking in homes or vehicles merely to protect children. But in focusing on bans in public spaces, and preventing children from buying cigarettes, anti-smoking groups also have tacitly put the right of adult smokers to practice their addiction conveniently ahead of the health and lives of kids, legitimizing smoking even in its most harmful form. In fact, the politics of the '90s increasingly dictated that adult drug and smoking habits be taken off the table, and youths singled out for blame and increasingly punitive attitude adjustments, ranging from fines to expulsion from school and even to jailing.

The politics of health and vice-versa

Tainted by the political needs of New Democrats, judgments were made that were disastrous for the antismoking cause. Some sounded plausible. Clinton's announced policy of "a program of preventive medicine aimed not at irretrievably addicted adult smokers but at impressionable teenagers being lured into the habit in increasing numbers by the cigarette manufacturers' ever-greater outlays" was lauded by industry critic Kluger as the pronouncement of "an avowedly antismoking president…at his compassionate best."[11]

It might seem to make sense to focus policy on teenagers rather than addicted adults. However, there is a reason why U.S. health policies aimed at reforming youths have been such dismal failures and why other Western nations with more successful policies tend to focus on adults: teenagers get cues on how to act from adults around them, not from government "messages." In effect, U.S. health agencies stand aside passively while a child spends a dozen years marinated in parents' and older relatives' tobacco smoke, then angrily berate the youth for taking up the habit in teen years. There is nothing wrong with education campaigns to discourage teens from smoking. But unless youth-targeted health promotions are undertaken with generous motives, incorporating positive images of youths as capable of behaving better than grownups, they will amount to little more than futile, moralistic salvos against a powerless group, as have previous crusades designed to promote politicians and institutions in the name of fighting drugs.

For in truth, Clinton's compassion was for his own political hide. As retired federal judge and presidential confidante Abner Mikva revealed in a 1996 interview, Clinton's calculations were coldly political, driven by polling showing a stance against teen smoking would score points with suburban constituencies, more than offsetting any loss of southern support.[12] Mikva confirmed what White House aides told the Associated Press in August 1995, when Clinton announced his anti-teen-smoking campaign: politics, not health, was the driving force.[13] The administration's loud political stance was accomplished without harming the industry's core interests. It didn't even reduce the number of teen smokers.

Rather, 1990s policy makers focused on crowd pleasers: the evils of "pop culture," tobacco advertising, and smoking by "children." ("Children" is the standard '90s moniker for teenagers—except when authorities propose subjecting them to adult courts and capital punishment, in which case they transmogrify into adults, regardless of age.) Where Koop's attack on tobacco was broad-based, the narrowness of Clinton-era interests was shown in the title of the 1994 Surgeon General's report, *Preventing Tobacco Use Among Young People*. The report's executive summary petulantly pinned "the epidemic" on "young men and women," warped by the influences of "peer pressure" and tobacco advertising, who "begin to smoke."[14]

The rush to blame teenagers for smoking is an excuse authorities use to evade confronting the hard realities that adults and adult interests force tobacco smoke on children, profit from tobacco sales, fund government from tobacco taxes, distort smoking policies to maximize political popularity and funding, and legitimize tobacco use as a normal part of American life. In short, blaming youths evidences the dereliction of adult responsibility. Even as politicians pretended to hold industry advertising and promotion accountable for targeting "children," the severest punishments were inflicted on youths. As will be seen, the make-believe crusade against tobacco advertising worked handsomely in the industry's favor during 1998 settlement negotiations, in which seemingly opposed adult interests arranged matters to their own advantage with little concern about the "children" for whom all had previously expressed overriding concern.

Indeed, the new focus shifted efforts so far away from Koop's message of a smoke-free society that, in a 1996 editorial for the *American Journal of Public Health*, Glantz lamented that Koop's goal "has been eclipsed by a less potent and probably counterproductive one: 'We don't want kids to smoke.'" Even worse, the new policy came at a time when teenagers were the brightest spot in the anti-smoking battle. In 1992, at the beginning of Clinton's reign, despite having wide-open access to tobacco for 20 years, teenagers displayed by far the largest declines in smoking backed up by the most anti-smoking attitudes of any age group. Youths should have been portrayed as the natural allies of anti-smoking campaigns.

But the growing anti-youth sentiments of an aging society, exploited by New Democrats as a scapegoat to blame for vexing social problems, much as the Republicans blamed minorities, gays, and Sixties-culture hedonists, led liberals to viciously attack the very adolescent age group they should have been affirming for exemplary behavior. Suddenly, in the New Democrat lexicon, adolescents were responsible for every American domestic malaise: welfare, family breakdown, poverty, drug abuse, alcohol abuse, AIDS, smoking, violence, crime, and moral decay. It is difficult to appreciate just how distorted Clinton's attack on youth has become unless original references are consulted (for a compendium of this attack, see *The Scapegoat Generation: America's War on Adolescents* and *Framing Youth: Ten Myths About the Next Generation*, Common Courage Press, 1996 and 1998).

Depicting youths as the origins of addiction, denying such crucial matters as the overwhelming influence of whether parents smoked or abused drugs, and dodging other factors including socioeconomics and federal policy derelictions virtually guarantee that a smoke-free society will not come about. Unfortunately, many industry critics bought in to the new focus, a radical shift from the days of Koop.

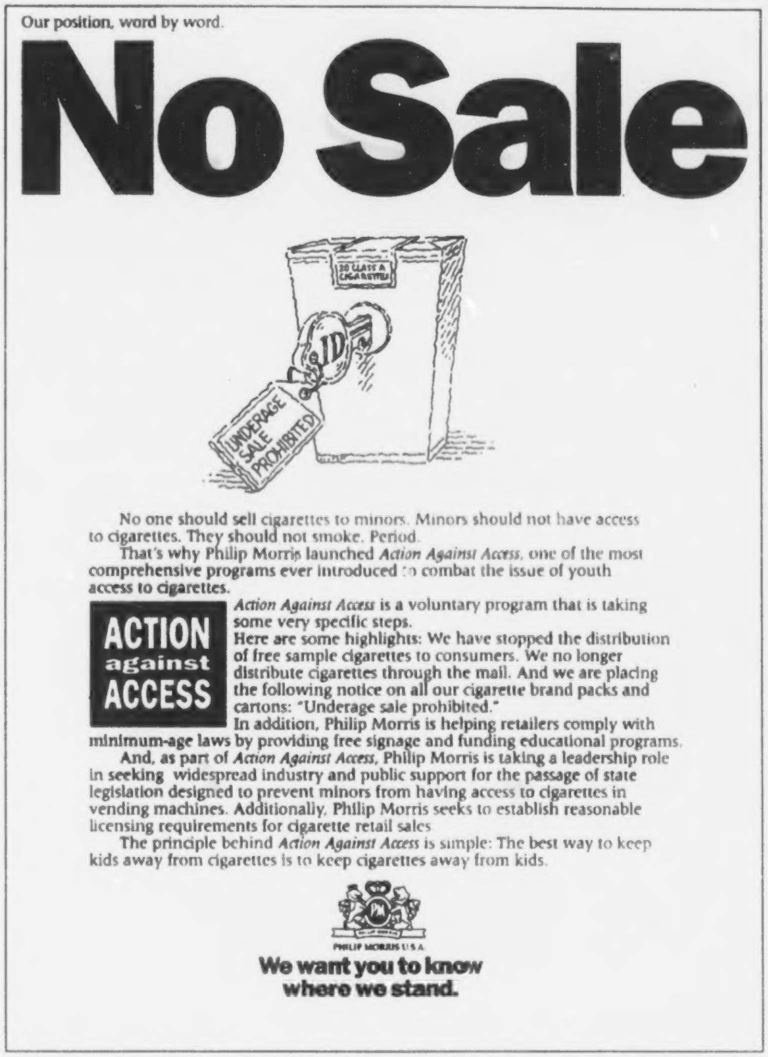
For adults only: the lure of tobacco for kids

The tacit decision by politicized anti-smoking groups to take adult smoking "off the table" and to focus only on teenage smoking overlooked a major problem: so long as adults smoke in large numbers, proving the social acceptability of smoking, many youths will take up the habit as a rite of adulthood. As discussed below, the industry was well aware of this and had circled its tumbrels around maintaining the social acceptability of "adult smoking." In this endeavor, anti-smoking groups and the Clinton administration, headed by the First Cigar Smoker, have been crucial allies to the industry.

In fact (as events after Kluger's book went to press would show), Clinton was an avowedly pro-smoking president—at least in the first six years of his term. Specifically disavowing Koop's vision of a "smoke-free society" forever rid of the "sleazy" cigarette marketers, Clinton extolled the economic value of the industry and promised that "we're not trying to put tobacco sellers out of business."[15]

"Adults are capable of making a decision to smoke or not," the president declared in a 1995 statement.[16] [17] RJ Reynolds Tobacco Company, in full-page ads during the same period, said exactly the same thing: "Only adults should ever face the decision to smoke or not."[18]

As good as his word, Clinton delayed issuing an executive order banning smoking in federal buildings[19] and announced he had "always supported the tobacco pro-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No one should sell cigarettes to minors. Minors should not have access to cigarettes. They should not smoke. Period.

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ACTION against ACCESS

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The principle behind *Action Against Access* is simple: The best way to keep kids away from cigarettes is to keep cigarettes away from kids.

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We want you to know where we stand.

Big Tobacco and Bill Clinton agree:
smoking is for "adults only."

gram" which funnels $25 million per year in federal subsidies to tobacco farmers, thus propping up the industry's most potent lobby.[20] In an administration obsessed with

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cultural symbols and messages, he reinstated the respectability of cigar smoking at White House functions. Daughter Chelsea asked him to quit,[21] but antismoking groups were silent.

Equally damning, his national Democratic Party continued to accept millions of dollars in tobacco industry donations.[22] These included nearly half a million that Philip Morris kicked in to party coffers only days before Vice President Al Gore's gut-wrenching speech to the Democratic National Convention that his sister's death from smoking-induced cancer in 1984 led him to "pour his heart and soul into protecting our children from the dangers of smoking."[23] Just how broken up was Gore? Four years after his sister's death, he bragged about being a tobacco farmer himself in the 1988 presidential primaries and continued to profit from growing the killer weed well into the 1990s.[24]

Given the Clinton regime's pro-corporate and pro-tobacco record,[25] it is surprising that liberal and antismoking groups bought so readily into its so-called "antismoking" campaign. Only recently have health lobbies become concerned that the biggest cheerleader for the get-tough campaign to "prevent smoking by children" is—the tobacco industry. Sounding an early alarm was Stanton Glantz.

If anyone knows how tobacco companies peddle, it is Glantz. But his findings have not pleased antismoking activists. In recent journal, op-ed, and news articles, Glantz has attacked the "kids only" focus of the antismoking strategy, called the Campaign for Tobacco-Free Kids "a total waste of time," and declared that the government "got suckered" in out-of-court agreements with tobacco companies. If antismoking activists continue to obsess over teenage smoking while conceding the social acceptability of adult smoking, Glantz warned in the *American Journal of Public Health*, "we will look back on the mid 1990s as a time that the tobacco industry once again outsmarted the public health community."

"As the tobacco industry knows well, kids want to be like adults," Glantz wrote. He cited key tobacco marketing documents recovered in a Federal Trade Commission investigation:

> An attempt to reach the young smokers, starters, should be based, among others, on the following major parameters:
>
> Present the cigarette as one of the few initiations into the adult world.
>
> Present the cigarette as part of the illicit pleasure category of products and activities.
>
> In your ads, create a situation taken from the day-to-day life of the young smoker, but in an elegant manner have this situation touch on the basic symbols of the growing-up, maturity process.

The flawed dynamo of today's misguided tobacco policy is the tacit understanding between pro- and anti-tobacco forces that smoking is an "adult" habit—that is, that smoking by "mature grownups" is "socially acceptable," a sophisticated practice forbidden to "immature children." This tacit agreement has two calamitous effects: it reinforces teenagers' view that because it is legal, cheap, and certifiably legitimate, tobacco is a soft drug, and it reinforces tobacco use as a sign of adulthood in habitats where adult smoking is widespread. The industry couldn't buy better advertising at any price than has been granted by anti-smoking politicos.

Smoking: rebellious or conformist?

Politically-driven 1990s policy addresses social and health problems in simplistic, fragmented, good-versus-evil fashion whose concepts can be reduced to sloganeering. Youths and adults, however, experience whole environments, not the isolated segments this or that reform movement finds profitable to publicize in media-honed snippets and tinker with by legislated fiat. The influences of the whole environment must be considered if effective policy is to develop.

Reflecting the more integrated view of European public health strategies, the international medical journal *The Lancet* editorialized that "if governments really want to kick the public's smoking habit, they must begin to tackle adult tobacco consumption" rather than indulging the "cosmetic act" of just "kicking the teenage habit."[26] The logic of anti-tobacco activists who attacked the editorial and defended Clinton's politically-driven focus on youths failed to recognize that American health policies have scant record of shining success. A dissenter, Elizabeth Whelan of the American Council on Science and Health, agreed the policy was "more symbolism than substance."[27]

The tobacco industry, whose survival depends upon its ability to understand the particular environmental elements that make smoking popular or unpopular, has won this battle hands down. Anti-smoking policy has been diverted into ineffectual, often silly, crusades against "youth access" to tobacco, the color and format of advertising icons, and campaigns ridiculing teenagers. (In California, for example, health department anti-smoking ads routinely disparaged youths for making tobacco moguls rich.) While satisfying to grownups (especially those in an official capacity who could be doing more themselves), these approaches have little to do with preventing smoking; some might actually reinforce it.

In reality, high-risk teens and adults are heavily concentrated in the same families and communities. In 1997, smoking rates were more than twice as high among adults with a high school education or less than among college graduates.[28] Thus, the first catastrophic mistake made by anti-tobacco forces—one caused by the injection of politicians' needs into health strategy—was to depict teenage smoking as reckless, rebellious behavior. This misportrayal flowed from the strategies employed by traditional anti-drug politicking, which seeks to create a good-evil "us-versus-them" scenario by connecting the targeted drug with a feared, disliked, powerless out-group. Such tactics have included linking marijuana to Latinos and cocaine to black musicians. Today, drugs and smoking are linked to young people.

Despite the depiction of smoking as rebellious, it is actually *conformist* behavior. Teenagers who smoke are seeking to be like adults around them who smoke, and cigarette use is seen in many families and communities as a marker of adulthood. As Glantz pointed out, the industry is well aware of the adult-teen connection in smoking and has tailored its promotions to take advantage of it.[29] Unfortunately, by allowing political judgments to interfere with health strategy, anti-smoking lobbies have denied the fact that teen smokers are heavily influenced by adult smokers and have instead adopted strategies which reinforce the industry's efforts to profit from the connection. Ads by the Campaign for Tobacco-Free Kids nowhere mention parental influences. Breaking with

Koop-era Surgeon General's reports, the 1994 report by Surgeon General Joycelyn Elders ignored both the precedence of parental influences and its own well-buried research findings. Parents can continue puffing, it said, so long as they moralize to their kids between drags:

> Parental tobacco use does not appear to be as compelling a risk factor [for teen smoking] as peer use; on the other hand, parents may exert a positive influence by disapproving of smoking, being involved in children's free time, discussing health matters with children…[30]

Contrary to the Surgeon General's claim, the major study on that subject showed children of smoking parents who disapproved of smoking were more likely to smoke than children of nonsmoking parents who were indifferent.[31]

As the Bogalusa Heart Study (discussed later) found, "adolescents rarely expected their friends to favor, much less pressure them to begin, cigarette smoking." In fact, kids' previous values and habits, strongly shaped by home life, influence who they choose for peers, authors pointed out. "Researchers have consistently shown that similarity stems primarily not from processes of peer influence but from adolescents' inclinations to choose like-minded peers as friends and the tendency of peer groups to recruit as new members individuals who already share the group's normative attitudes and behaviors."[32]

After denying adult influences, health groups have ridiculed teenagers as fools and dupes who must be subjected to severe punishments in order to protect them from their own recklessness, which in turn is fostered by innate teenage mental flaws, susceptibility to bad influences, and pressuring peers. Because of developmental factors, "adolescents are thus vulnerable to a range of hazardous behaviors and activities," Elders' report declared,[33] ignoring a massive array of evidence that 1990s youth are less vulnerable to behavior risks than are adults. The 1998 report by Pierce and colleagues, discussed later, blames smoking on adolescent irrationality driven by tobacco ads.

Thus, the anti-smoking lobby insults its target group at the same time it seeks to persuade it. Demeaning adolescents may be psychically satisfying to grownups (and to those teenagers who identify with grownups), but it is ill-founded and self-defeating. It is also misguided. Contrary to popular prejudices, large-scale research reviews reveal no evidence that adolescents harbor any less ability to appreciate long-term risks than adults do,[34] and the assumption that any disapproved behavior by a teenager portends long-term disaster is an impediment to reasoned policy.

As with the "adult" nature of smoking, the tobacco industry gleefully echoed this official theme as well. "Powerful pressure from their peers," R.J. Reynolds Tobacco Company declared in a full-page ad in 1995, "...is one of the most influential factors in a child's decision to smoke." Thus, "parents," the tobacco giant declared, shoulder to shoulder with Clinton's Surgeon General, must "add [their] voice to the many others trying to discourage kids from smoking...Listen. Empathize. Be involved...you might begin by reminding your child that studies have identified smoking as a risk factor for certain diseases."[35] The industry did not go so far as to urge parents to discourage their kids from smoking and to avoid these diseases by quitting smoking themselves! Nor did the president or Surgeon General.

Teenagers, health lobbies and the industry chorused in unison, are immature children too unsophisticated to practice an "adult" habit like smoking. Sadly, kids, pressured by their foolish peers, light up anyway in defiance of the healthy advice of government officials and the tobacco industry.

Antismoking groups and the tobacco industry tell kids: "everybody does it"

Yet another key common ground exists between supposed anti- and pro-tobacco forces exists when they depict smoking as common to teenhood. Given the politically-driven assumptions underlying them, it's no surprise that the array of "anti-smoking" strategies designed around the assumption that teenagers are reckless and rebellious—that is, strategies in denial of the adult-teen smoking link—have been truly stupid.

"Meet the Philip Morris Generation," announced a Campaign for Tobacco-Free Kids advertisement, one of three dozen ads posted on its website (www.tobaccofreekids.org, June 1999). "Five Million Kids Smoke," blared another, referring to the number of 12–17 year-olds who tried at least one cigarette in the previous month—nowhere mentioning that "20 Million Kids Don't Smoke." This latter point would not be merely rhetorical, but crucial, given the Surgeon General's claim that the main reason kids smoke is peer pressure. None of these ads mentioned that teenagers smoke because adults (particularly parents) smoke, or that older family members are usually kids' first source of cigarettes, as will be discussed later. The Campaign's ads depicted teens as mere dupes of tobacco marketing.

Thus, anti-smoking groups, in a tactic that is both false and self-defeating, portray smoking as sweeping the teenage population, a normative behavior for adolescents. "Almost one-quarter of all adults are current smokers, along with more than a third of all high school students," the Campaign for Tobacco-Free Kids declares on its 1999 website and national ad pitch for big tobacco-settlement bucks for "prevention."[36]

This is a false comparison. It equates smoking once or more in the past *month* by high school *seniors* (not all students) with heavy *daily* smoking by adults (in which the heavier smoking rates among adults of parent age are diluted by combining them with lower smoking rates among persons over 65). The apples-apples comparison, one which would filter out experimental or occasional cigarette use, is daily, or heavier (half-pack-plus per day) smoking by high schoolers and adults of parental age. Here we find that about 30% of adults in the 25–64 range smoke daily, compared to about 22% of high school seniors (only 13% of high school seniors smoke half a pack per day or more, and younger students smoke even less). Parents are considerably more likely to smoke than their teen children are.

So, why would the anti-tobacco lobby exaggerate the prevalence of youth smoking? Exaggeration grabs favorable attention and makes it easier to raise money for anti-smoking interests. But the larger result of embellishment can be tragic. It reinforces the tobacco industry's message, particularly to youths in heavy-smoking communities, that cigarette use is a normal habit for teens to take up. As Glantz points out, "One reason that kids start to smoke is the fact that they grossly overestimate smoking prevalence. Ubiquitous tobacco advertising has contributed to this misimpression, but so has antitobacco education that says, 'resist your peers, don't smoke.' The message should be 'be like your friends, be a nonsmoker.'"[37]

But this would mean affirming adolescents, and anti-smoking groups seem loath to do that. The heart of official anti-drug, and now 1990s anti-smoking, strategies is to tie the vilified habit to an unpopular group whose members, by definition, are "not like us"—that is, fear of a drug is made synonymous with fear of the group, and vice-versa. To reverse field and affirm the fact that the large majority of adolescents don't smoke—that, in fact, adults smoke much more—would weaken this linkage.

"Gateway drugs": a good old-time religion

One of the tobacco industry's biggest allies is the lack of imagination, complemented by politically-driven stereotypes of young people, that infect anti-smoking thinking. Review of supposed big-picture analyses of adolescent behavior in the 1990s reveals the dismal conventionality of social and health science assumptions. Teens, they argue, are naturally reckless, corrupted by peers and pop culture, defying healthy grownups. That today's youth (the second generation exposed to modern drug risks) are avoiding hard drugs and substituting softer alternatives, a much less risky approach than displayed by baby-boom young adults (the first generation exposed to modern risks) 30 years ago, is a crucial point missed by many of today's health researchers.

Perhaps the most hallowed dogma of modern anti-drug and anti-smoking strategy is "gateway" theory. Gateway theory holds that if a youth reaches age 21 without smoking (or drinking or using drugs or doing anything sinful), he/she never will do these things. Gateway theory further holds that the first act of corruption (taking a puff of tobacco, or, in Pierce's recent studies, even thinking about doing so) opens the floodgates to the next sin (drinking beer), then to marijuana, then to shoplifting, school dropout, slutdom, crack, heroin, gun-toting, armed robbery, suicide and/or schoolyard slaughter. Reasoning backwards, then, gateway theory holds that the merest deviance from absolute virtue cannot be tolerated in young people. This thinking creates a wide-open license for abuse since the true "gateway"—the "original sin"—can never be determined. For every bad behavior (say, smoking), there was a gateway to that (say, using profanity), and a gateway to that (saying "swell"), and to that (hanging out at the pool hall in River City).

Therefore, gateway theory's logic continues, more and more vicious punishments to stop lesser and lesser strayings by more and more kids at younger and younger ages must be deployed. This is why programs based on gateway theories enjoy permanent, endless expansion potential and employ ever-rising tones of hysteria regardless of what is really going on. This is why declines in, and low levels of, addiction are scary to gateway theorists and must be buried by even wilder fear tactics, as I witnessed many a time in several years' work in drug/alcohol programs. This is why "zero tolerance" policies (the remedies gateway theory promote) culminate in evermore blatant administrative idiocies such as kicking kids out of school for increasingly minor infractions that harm no one (bringing an apple corer, lemon drops, tiny plastic-gun keychain, or Midol to school, to cite a few infamous examples of what the feisty youth-rights journal *Freedom Voice* calls "stupid adult tricks").

As the UK study (detailed later) points out, gateway theory has proven useless for designing effective health programs. The reason is that it is founded in a pointless tautology. For the small fraction of individuals who become addicts, everything is a "gateway" to something worse; for the large majority who don't become addicted, nothing is. Gateway theory really boils down to a political convenience, exonerating grownup misbehaviors while declaring adolescence the disease that infects all of society with its pathologies.

Gateway theory is popular because it embodies a no-risk validation of Americans' vicarious puritanism. In effect, adult behaviors are exempted from scrutiny, since the gateway theory's deterministic model portrays adults simply as the inevitable products of whatever they did as adolescents. Thus, gateway concepts allow adults to demand absolutist behaviors from young people that grownups do not demand of themselves. Notice how rarely those who push "zero tolerance" policies for drug or tobacco or alcohol use apply those standards to themselves or to their own peer group.

Joseph Califano Jr., Secretary of Health, Education and Welfare under Carter and now director of Columbia University's Center on Addiction and Substance Abuse, is representative of true believers in gateway theory. He argues that drug, drinking, and smoking problems would disappear if we could just stop all adolescents everywhere from ever using these substances (a dictum Califano, an admitted daily scotch drinker, does not apply to himself).[38]

A big flaw in that logic is called "selection bias" by social scientists. In this case, it means that people who never smoked at age 10 differ considerably from people who never smoked at age 21. Nearly everyone is or was a nonsmoker at age 10, which means this group resembles the general population. However, compared to the general population, persons who reach age 21 having never smoked at all are very different. They tend to be richer, come from families and locales where smoking is rare, and live in places like Utah and California and not in Kentucky and North Carolina. The gateway crowd, fixated on worry that one small experimentation or misstep will automatically spell addiction and ruin, ignores these critical factors that determine how likely someone is to wind up smoking.

Absolute adolescent abstinence is not simply impossible to achieve for reasons of efficiency alone; it would not be desirable even if it could be achieved. Addiction and abuse are not qualities of young age, nor even of drug use, but of individuals and circumstances. It is true that most people who abuse drugs first used drugs in adolescence, but that is also true of most people who don't abuse drugs. Example: 77 million Americans have used illicit drugs, 177 million alcohol, and 152 million cigarettes, with nearly all trying the drug first in young years. However, 95% of present or former illicit drug users, 90% of all present and former drinkers, and 70% of all present and former cigarette users, are not addicts.[39] If adolescence itself were the major risk for taking up smoking, we would not expect to see smoking rates among Kentucky teens four times higher than among Utah teens, let alone the even wider gaps when factors like income, gender, and smoking by family adults are added in. Constrained by popular politics, 1990s gateway theory does not venture near the true gateway to unhealthy adolescent behavior, which is the social acceptability of corresponding adult behavior.

Criminalizing teen smoking

Thus, another common salvo of modern policy, once again endorsed by both anti-smoking and tobacco interests, has squandered vast amounts of time and effort trying to forcibly prevent teenage "access" to tobacco. Both anti-smoking groups and the industry championed the "no sales to under 18" crusade with zeal, the former to reap good press from highly visible "sting" operations against stores, the latter to enhance the value of smoking in the eyes of teens. Because of the adult-teen smoking link, efforts to use criminal penalties to forcibly prevent children and youths from acquiring tobacco are pointless: "There is no consistent evidence of a substantial effect on prevalence or consumption of tobacco among kids," Glantz argues.

The centerpiece of the recent "landmark" Food and Drug Administration rules governing tobacco, requiring photo identification from buyers who appeared to be under age 27, is silly. If inconvenienced by laws, kids get their smokes from grownup habitués. A moment's thought would affirm that there is no feasible way to prevent teenagers from acquiring cigarettes. If, after vigorous and sustained policing (the kind only a few suburban forces have the spare time to accomplish), 100% of tobacco retailers miraculously cut off sales to persons under age 18 whose ages are perfectly ascertained through tamper-proof identification, then youths will simply obtain cigarettes from any one of the dozens of smoking adults around them.

This, of course, is the case with every other vice "forbidden" to youths, such as alcohol and guns. For a few examples of many, two-thirds of high school seniors who drink do so with adults age 30 and older[40] (imagine how much higher the percentage would be if they were asked about drinking partners 21 and older!), and all of the youths who committed the highly-publicized school shootings in 1998 and 1999 obtained their firearms from "responsible adults" (mostly their parents or relatives). Given that it's legal for adults to have sex with youths as young as 16 in most states, and two-thirds of pregnancies among girls under 18 are caused by adults, imagine the impracticality (the ludicrousness, in fact) of attempting to enforce an edict against grownups providing their younger bed partners with a beer or a smoke.

Indeed, evaluations of these access laws show unfavorable results. A detailed study by Massachusetts General Hospital researchers in the *New England Journal of Medicine* in 1997 found that criminalizing youth smoking was associated with a large, statistically significant *increase* in teen smoking. Researchers compared 500 tobacco sales outlets and the smoking levels of 22,000 students in grades 9–12 in three Massachusetts cities which vigorously enforced laws against cigarette sales to persons under age 18 and three similar cities that undertook no enforcement. Strong enforcement of tobacco sales laws (eight compliance checks in two years, including warning letters to and $200 fines levied against retailers who sold tobacco to youths, in the three enforcement cities) did have a big impact—on the retailers. More than 80% of the merchants in the high enforcement communities were induced to refuse to sell to youths. This was double the number in the three communities with no enforcement.

But the key issue here wasn't the behavior of the merchants; it was teen smoking. Among youths, smoking trends were more discouraging in the cities that strongly enforced the law than in those that let kids buy smokes without hassle. In fact, in the two years after the tough enforcement regime was implemented, daily smoking rose sharply among teens in the crackdown towns (up 23%) but stayed the same in the laid-back burgs (down 2%); trends for monthly smoking were similar (up 12% in the heavy-enforcement cities, no change in the no-enforcement cities). Interestingly, the rates of youths' experimenting with (trying once) cigarettes did not change much (down 1% in the heavy-enforcement and down 2% in the no-enforcement cities).

Taken together, these findings strongly indicate that the biggest effect of tough "no-sales-to-youth" enforcement was (a) to *increase* the percentage of teens who smoked and (b) to hasten the transition of youths from experimentation to regular, then daily smoking. The new Food and Drug Administration regulation banning tobacco sales to minors "cannot reasonably be expected to reduce the supply of tobacco to young people or alter their smoking behavior," the authors of the study concluded.[41]

Not surprisingly, researchers also discovered that the Tobacco Institute's voluntary "It's the Law" program against retail sales to youths was equally useless.[42] The industry was acting in its rational self-interest to embrace such "anti-smoking" policies, which clearly do not reduce smoking and apparently even promote it. But in the face of such dramatically negative findings, the unswerving promotions of "youth access" prohibitions by health lobbies appear irrational or ill-motivated.

If get-tough doesn't work, get tougher

The final, and crowning policy disaster has been to attempt to severely punish teenagers for smoking while at the same time ignoring, or even justifying, adult smoking. Measures to expel from school, deny driver's licenses, require excessive fines and "community service," and even jail youths caught with cigarettes have been pushed by anti-smoking lobbies—and enthusiastically endorsed by the industry. If criminalizing teens for smoking and penalizing them for doing so were key to creating a smoke-free society in the future, one might wonder why the tobacco-industry-dominated state of North Carolina imposes some of the most severe penalties for teen smoking. That a state which grows two-thirds of the nation's tobacco would enact tough laws against youth access shows just how small a threat such laws are to the industry.

Today's authorities have demonstrated that there is no limit to the restrictions or punishments that may be imposed for violations of vicarious puritanism—teenage coffee drinking, any kind of consumer spending, even the right to walk into stores without grownup supervision, now are coming under fire. When lawmakers and other officials impose arrests, fines, drivers' license suspensions, school expulsions, and jailings on teenagers who smoke, the extreme, out-of-proportion punishments provoke more mistrust and reaction against authority than against smoking. However, since few teens are caught smoking, it is probably not the punishing measures against teen

40

smoking that caused the recent smoking increase so much as the irrelevance of those measures to the real forces influencing youth trends. When authorities ignore the serious conditions of life that rising numbers of teenagers confront, such as poverty, chaotic homes, and parents and adults debilitated by drugs, drinking, and drug-related crime, then young people react by ignoring an authority which has made itself irrelevant to their lives.

The extremism gateway logic leads to can be seen in the ideal now being pushed by major institutions and agencies such as the Carnegie Council on Adolescent Development and the Centers for Disease Control. Recent monitoring proposals from these and other institutes amount to round-the-clock surveillance of 30 million teenagers in order to deter the fraction of their number who might misbehave. Carnegie, for one example, has repeatedly pushed programs "to extend family- and school-like functions into the crucial after-school, summer, and weekend hours when neither schools nor parents are available to provide supervision." As agencies increasingly paint "out-of-school time" as the crucible of "substance abuse, sexual activity…and crime and violence,"[43] and as curfews and policing increasingly seek to remove youths from public space, programmatic monitoring, that at first appeared to stem from benign service goals, takes on an increasingly compulsory tone. Ironically, for increased supervision to prevent smoking, youths would have to be separated from their families, since, as the large-scale Bogalusa Heart Study reported in 1997, older relatives are the most common source of children's first cigarettes.[44]

The larger trends accompanying the Clinton era's increasingly punitive anti-smoking policies also are clear. Teenage smoking had been declining for two decades before 1990s health policy decided to attack it. The result: after bottoming out at 17% in 1992, daily smoking by high school seniors rose to 22% in 1998. Half-pack-per-day or more smoking rose from 10% to 12.6%. Smoking at least once per month in 1998 had returned to its high levels of the 1970s (See Table 1 and Figure 1, on pages 38 and 39). More recently, the smoking decline among young adults, then older adults, reversed and also started to rise.

And so, after nearly a decade of youth-obsessed policy emphasizing pyramiding restrictions, the newest studies, especially the 1999 Harvard college survey reported in *USA Today*, find "more students are lighting up than at any time in the past two decades, despite increasingly stringent attempts to stop them." Note: if the nation *abolished* controls on teenage smoking and a 28% increase occurred in six years, as the Harvard study claimed (or, if a town *legalized* teen cigarette smoking and a 23% increase in daily smoking ensued, as occurred after the New England crackdowns on tobacco sales to youths), the screams for a return to get-tough regimes would be deafening. Yet get-tough measures themselves seem immune to scrutiny despite their manifest failure. These abysmal results provoked no reevaluation of anti-smoking strategies.

Kids! You're too immature to smoke!

Because teenage smoking is heavily influenced by adult smoking, the two must be addressed together. So long as adults smoke in large numbers, teenagers around them

Table 1

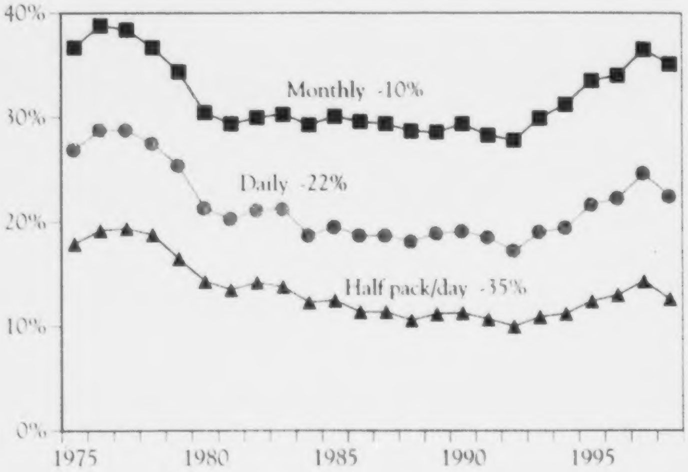
Smoking rates for 12th graders
Monitoring the Future Survey

	Monthly	Daily	1/2 pk
1975	36.7%	26.9%	17.9%
	38.8	28.8	19.2
	38.4	28.8	19.4
	36.7	27.5	18.8
	34.4	25.4	16.5
1980	30.5	21.3	14.3
	29.4	20.3	13.5
	30.0	21.1	14.2
	30.3	21.2	13.8
	29.3	18.7	12.3
1985	30.1	19.5	12.5
	29.6	18.7	11.4
	29.4	18.7	11.4
	28.7	18.1	10.6
	28.6	18.9	11.2
1990	29.4	19.1	11.3
	28.3	18.5	10.7
	27.8	17.2	10.0
	29.9	19.0	10.9
	31.2	19.4	11.2
1995	33.5	21.6	12.4
	34.0	22.2	13.0
	36.5	24.6	14.3
	35.1	22.4	12.6
Change			
1976–98	-9.5%	-22.2%	-34.4%
1985–98	16.6	14.9	0.8

Source: Institute for Social Research
University of Michigan

Fig. 1

Percentage of high school seniors
who smoked in previous month, 1975–98



Source: Monitoring the Future survey

will take up smoking. So long as teenagers take up smoking, a future of adult smokers is guaranteed. So long as government protects the social acceptability of adult smoking, reflected in permissive smoking policies, low prices, and the widespread marketing of tobacco products in hundreds of thousands of retail outlets, youths justifiably will view smoking as a reasonable choice, no matter what rhetorical "messages" health authorities send. The reason, as the UK study (discussed later) shows, is that youths who are most likely to smoke evaluate social practices based not on what grownups say, but on what they see grownups do. And so long as anti-smoking groups and the industry continue to tacitly agree on these policies, smoking will be a prominent feature of American life and death.

The worst effects of the anti-teen-smoking crusade have been just this kind of political runaround. Glantz points out that tobacco industry advocates have joined health lobbies to convert effective campaigns against the social acceptability of smoking into a narrow kids-shouldn't-smoke crusade:

> California's anti-tobacco campaign once focused on discrediting the tobacco industry and educating the public about nicotine addiction and secondhand smoke (messages that appeal to both adults and kids); now it focuses on youth access...Next door in Arizona...the tobacco industry's lawyers and the pro-tobacco members on the (state policy) committee have loudly demanded that the health department strictly limit the program focus to children. Programs with any crossover between kids and adults have been opposed.
>
> In Massachusetts, the tobacco industry raised a huge fuss when the health department mounted an aggressive and effective media campaign and coordinated local programs concentrating on secondhand smoke and denormalization [that is, reducing the social acceptability] of tobacco use. The department has backed off from the campaign to concentrate on the less controversial issue of youth access.

I still remember the puzzlement of Montana health lobbyists whose 1991 legislative bill to impose a $50 fine on teens who bought cigarettes and stores who sold to them was massively trumped by a tobacco industry bill to levy fines of up to $1,000 for these infractions. Why would cigarette sellers want to punish their teen clientele if, as anti-smoking groups argue, they depended on kids to take up smoking?

Teen smoking is a key area of adolescent health where well-informed, well-motivated, and respectful programs are worthwhile—ones which rely on the intelligence and consent of youths themselves (as will be discussed later). But because the most effective anti-smoking interventions are exactly those which would produce the least political mileage for politicians and politically-attuned consultants, they are the least likely to be adopted. And so, despite a golden opportunity to strike a fatal blow against smoking, the U.S. is poised to perpetuate policies that will ensure survival of the tobacco industry.

As the Clinton era draws to a merciful close, some hopeful breezes are airing in the administration. After six years of talk, the president finally took his first genuine step against smoking by accepting the Occupational Health and Safety Administration's recommendation to ban workplace smoking—in this case, the federal office workplaces under his direct executive-order control. More important, the president endorsed a one-dollar per pack increase in the federal tax on cigarettes. True, that would only bring the federal cigarette tax back up to around 40% of the retail price of a pack—the inflation-adjusted equivalent of its 1950 level (then 8 cents on a retail price of 20 cents). True, even with the increase, America's cigarette taxation ($1.24 per pack) would remain far below that of other Western nations, whose taxes range from $2.00 to $5.00 per pack.[45] But in 1990s Washington, support for raised taxes represents a major step, one that at this writing Congress refuses to accept.

Why are teenagers smoking more?

Today's misdirected policy results from misunderstanding and misportrayal of two crucial developments concerning increased tobacco use by young people and adults in the

1990s. One is that just as youths were the first to show a decline in smoking in the 1970s and 1980s, it is expected that they would be the first to show a rebound in the 1990s. The larger picture reveals that youth and adult trends over the last quarter century are virtually identical (See Table 2, Figure 2, on pages 46 and 47). In fact, the mathematical correlation between teen and adult smoking from the first National Household Survey in 1974 through the latest, as of this writing, in 1998 exceeds 0.90 (on a maximum scale of 1.00), indicating the two behaviors are virtually identical.

Commentators repeatedly declare that teenage smoking increased in the 1990s as adult smoking remained stable or declined. That is debatable, as Tables 1–3 and Figures 1–3 show. The parallel trends are something of a surprise, since we would not expect youth and adult trends to be strictly synchronized, nor even for teenage and adult "smoking" to mean the same thing. For one thing, the conditions of teenagers as a class have diverged sharply from those of adults as a class, with adults over age 35 becoming richer while teen and young family income stagnated over the last 25 years. Smoking is directly related to income and education (which are closely related to each other): low-income persons with a high school education or less are two to three times more likely to smoke than more affluent college graduates.

Normally, then, we would predict that the 40% increase in the proportion of youths living in poverty would promote increases in smoking over time. However, this has not materialized, at least not unless the rise in the 1990s is a lagged effect of increasing poverty. For unknown reasons, even though poverty *levels* remain an excellent predictor of the *levels* of key behaviors (i.e., low-income groups suffer dramatically higher rates of murder, criminal arrest, early pregnancy, violent death, and smoking than do higher income groups, while richer groups suffer higher suicide rates than poorer ones), poverty *trends* have proven poor predictors of behavior *trends*.

Smoking is much more prevalent among whites than minorities (with the exception of high smoking levels among African-Americans over age 35), completing the strange picture. This means that a majority, probably a large majority, of low-income white adults smoke. Thus, it may be that growth in poverty would most strongly affect smoking among whites, whose youth poverty rate has not increased as rapidly as those of the fastest-growing but lesser-smoking youth populations, Latinos and Asians. Economics clearly affects smoking, though it remains largely unstudied and omitted from the smoking debate.

A final complication in assessing the rates of teen smoking is that teenage and other novice smokers' practices tend to be lighter, more sporadic, and less addictive than the habits of adults, and therefore more unstable. While a large majority of adults who smoke consume half a pack per day or more, only one-third of high school seniors who use cigarettes at least once per month smoke that much. Enormously misleading statements by both industry and anti-smoking groups have mixed and matched incomparable measures of teenage smoking, such as "ever tried," "smoked in past year," "smoked in past month," "smokes regularly," "smokes daily," and "smokes half a pack per day or more." Lately, researchers have created even more expansive, ill-defined indexes such as "experimenters," "susceptible nonsmokers," and "incipient smokers." Depending on the terminology, the proportion of teenage "smokers" can range from less than 10% to as high as 75%. Amid this vast ambiguity, anyone can make any assertion about teenage smoking, and both the industry and anti-smoking groups have been unscrupulous in manipulating the evidence.

The real trends

Examination of the major, long-term surveys does not support commonly-held assumptions. In fact, trends are surprising enough that straightforward analysis challenges the misleading depiction both sides have tacitly accepted in order to push their respective agendas: that smoking is "wildly popular" among reckless youths who are "rebelling" against healthy "adult values."

Three major, long-term surveys of smoking by teens and adults are available. The full results of the following surveys are shown in Tables 1, 2, and 3 and illustrated in Figures 1 and 2:

- the Monitoring the Future annual survey of high school seniors, conducted by the University of Michigan's Institute for Social Research, under federal contract, from its inception (1975) to its latest survey as of this writing (1998);[46]
- the National Household Survey of Drug Abuse of all age groups, conducted by the National Institute on Drug Abuse, or NIDA, from its initiation (1974) to its most recent (1998);[47]
- the National Health Interview Survey (NHIS) by the National Center for Health Statistics from interviews with adults 18 and older, from the first

comparable year (1974) through the latest (1995).[48]

The three surveys are sufficiently different* that they have to be used for different purposes: the Monitoring survey as a detailed analysis of smoking among a consistent youth population; the NIDA survey as a general comparison of youth and adult smoking; and the NHIS as a check on adult trends by more detailed age groups.

Teens show the biggest smoking declines

The first surprise, from the NIDA survey, is that teenagers show much greater declines in smoking than adults do over the last 10 to 25 years. From 1974 to 1998, smoking in the previous month by 12–17 year-olds

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* The Monitoring survey is conducted in schools by anonymous questionnaire, and reaches only students in their senior year. The National Household Survey includes all age groups, and is conducted in homes and other institutions such as homeless shelters, thus reaching a more representative sample of the population. The Household Survey changed its method in 1994 to anonymous written questionnaires, yielding higher smoking rates (but, oddly, not higher illegal drug use rates), particularly among younger ages, than previous, verbally-administered questions. NIDA adjusted previous survey totals back to 1985 to be consistent with the 1994 figures, and I adjusted figures prior to 1985, using the same method. The further back in time adjustments are made, the more error is likely. The NHIS survey is by questionnaire to approximately 40,000 adults, and measures smoking by a single definition (smoked 100 more cigarettes in life and currently smokes daily or near-daily) for age groups 18–24, 25–34, 35–44, 45–64, and 65 and older. Its method also changed in 1991, requiring adjustment to be comparable to prior years.

Table 2

Smoked in previous month by age
National Household Survey on Drug Abuse

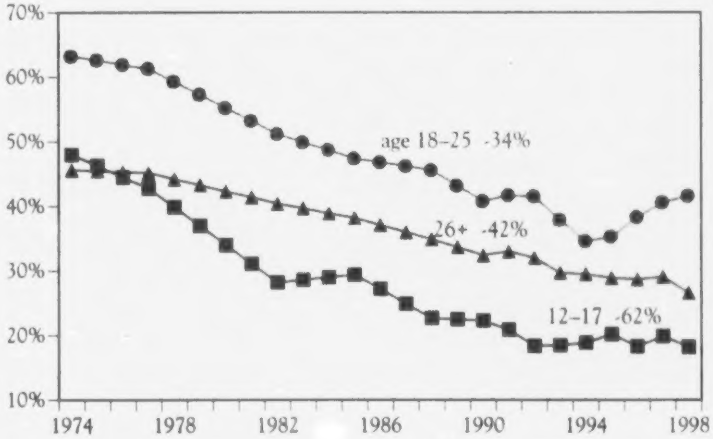
	12–17	18–25	26+	26–34	35+
1974	48.0%	63.2%	45.6%		
1977	42.8	61.3	45.2		
1982	28.2	51.2	40.4		
1985	29.4	47.4	38.2	45.7	35.5%
1988	22.7	45.6	34.9	42.1	32.4
1990	22.3	40.8	32.4	40.8	32.4
1991	20.9	41.7	33.0	37.3	31.6
1992	18.4	41.5	32.0	38.2	30.0
1993	18.5	37.9	29.7	34.2	28.2
1994	18.9	34.6	29.5	32.4	27.9
1995	20.2	35.3	28.9	34.7	27.2
1996	18.3	38.3	28.7	35.0	27.0
1997	19.9	40.6	29.1	33.7	27.9
Change					
74–98	-62.1%	-34.2%	-41.7%		
85–98	-38.1	-12.2	-30.4	-28.9%	-29.3%

Source: National Institute on Drug Abuse

dropped by more than half, compared to declines of around one-third among adults (Table 2 and Figure 2). From 1985 through 1998, 12–17 year-old puffing fell by 38%, a much greater decline than among younger adults (-12%) and older ones (-29%) (Figure 2). The decline among youths was much more pronounced than among adults from 1985 to 1992. From 1992 to 1998, youth and young-adult (18–25) smoking showed a pronounced upward trend while smoking among older adults leveled off and rose slightly.

Fig. 2

Youths show biggest smoking decline
NIDA Household Survey (1974–98)



Smoked in previous month. Source: NIDA.

These results are confirmed when the NHIS survey results are used to measure adult smoking (Table 3, on page 48). Even using a more inclusive measure (smoked in the previous month) for youths, smoking declined much faster among ages 12–17 (-58%) from 1975 through 1995 than for any of the adult age groups (-28% to -36%). For the most comparable Monitoring the Future measures, daily and heavy daily smoking by high school seniors, declines were similar over the period to those of older adults, though smoking at least once a month among 12th graders did not decline as fast (-10%) (Figure 1). Note that while the NIDA survey interviews youths and adults under identical circumstances (in households), the Monitoring (12th graders surveyed in school) and NHIS (household questionnaires) surveys

Table 3

Adult smoking rates (currently smokes)
National Health Interview Survey

	18–24	25–34	35–44	45–64	65+	Total
1974	38.1%	44.7%	45.4%	37.8%	18.0%	37.1%
1979	34.4	38.8	39.4	34.8	16.5	33.5
1983	34.2	35.7	37.4	33.3	17.0	32.1
1985	29.2	35.1	34.6	30.0	16.4	30.1
1987	27.1	33.3	33.1	31.0	15.3	28.8
1990	24.6	29.9	29.7	27.0	13.0	25.5
1991	23.0	30.6	30.4	26.8	13.5	25.6
1992	26.5	31.5	30.1	27.3	14.2	26.5
1993	25.8	28.8	29.7	26.0	11.8	25.0
1994	27.5	30.1	30.0	25.5	12.0	25.5
1995	24.8	28.0	29.3	25.5	13.0	24.7
Change						
74–95	-34.9%	-37.4%	-35.5%	-32.5%	-27.8%	-33.4%
85–95	-15.1	-20.2	-15.3	-15.0	-20.7	-17.9

Source: Centers for Disease Control and Prevention

are quite different and thus do not compare youths directly to adults around them.

Teen and adult trends are similar

The second surprise is that despite the fact that teen and adult smoking represent qualitatively different acts, the only time in the 24-year period in which teenage and adult smoking trends diverge is 1992–94. During that period, smoking among 12–17 year-olds rose as smoking among all adult age groups fell. After 1994, smoking rose sharply among 18–25 year-olds, rose modestly among

26–34 year-olds, and leveled off among the 35 and older age bracket. The time period is too short to explain these rises in adult smoking, particularly those over age 26, as the result of earlier increases among teens who then aged into adults. Similar results are found in the NHIS survey.

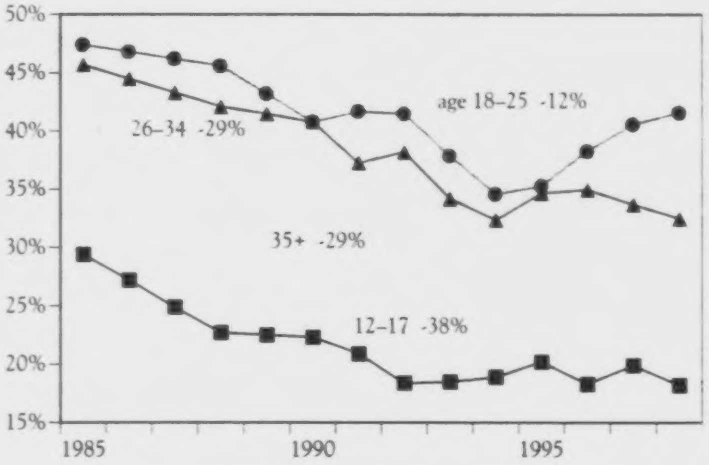
Even for the most recent periods, then, it is incorrect to characterize teen and adult smoking as following different patterns, especially when 12–17 and 18-34 trends are compared. Unfortunately, NIDA's "over-35" group lumps 35–50 age groups with elders, obscuring what appears to be the fact that adolescents are adhering quite closely to smoking trends among adults of age to be their parents.

In fact, during the 1985–98 period, when teenagers were supposed to be taking up smoking like fiends while adults were dropping the habit, teenage and adult smoking trends are correlated at the highest level of statistical significance. The correlation between trends in smoking among 12–17 year-olds over the period with trends among ages 18–25 (r = +.70 on a scale of -1.00 to 0.00 to +1.00), among age 26–34 (r = +.87), and among age 35-older (r = +.87 as well) are so close that the pattern has less than a one in 1,000 chance of occurring by chance alone. In fact, teen trends are closer to those of adults over age 26 (r =+.87) than 18–25, indicating that adults-their parents' age are more influential than older teens and young adults. Even in this supposedly "rebellious" era, teenage and adult smoking seems almost one and the same, as a glance at Figure 3 on page 50 confirms.

The parallel adult-teen trends over time are reflected in closely correlated adult-teen smoking levels by gender, race and ethnicity, region, state, and city size. For both teens and adults, whites with lower levels of income,

Fig. 3

Youths also show biggest smoking decline in last decade, 1985–98



Smoked in previous month. Source: NIDA

education, and employment who lived in non-urban areas in the upper Midwest and South were the most likely to smoke in 1997. There was little difference in smoking levels between the sexes for teens and adults ages 26 and older, though females aged 18–25 and black teenagers of both sexes continued to display lower than expected rates. From 1995 to 1998, smoking fell by 10% among teens, rose by 18% among 18–25 year olds, fell by 6% among 26–34 year olds, and fell by 8% among those 35 and older, with nonwhites and females of all ages showing the biggest increases.[49]

The close, continuing correlation between teen and adult smoking by state is shown in the CDC's Behavioral Risk Factor surveys for 24 states in 1997.[50] [51] The two surveys (a) classified adults as "current smokers" if they had smoked at least 100 cigarettes and smoked daily or frequently in the previous month, and (b) classified youths in grades 9–12 as "frequent smokers" if they smoked at least 20 cigarettes in the previous 30 days (Table 4, on page 52). For these 24 states, the correlation between teen and adult smoking rates was .71 for males, .63 for females, and .72 for both sexes (based on a scale of 0.00 to 1.00). These are unusually high correlations for social science research. For a sample this size, the odds of such correlations occurring by chance would be less than 1 in 1,000. Among both teens and adults, Kentuckians smoke the most (28% of teens and 31% of adults) and Utahns the least (7% of teens, 14% of adults).

The implications of the close correlations between teen and adult smoking over time and by state are clear: the notion that teens who live amid heavy-smoking adults can be stopped from smoking is futile policy. Perhaps it is meant to be.

Teen smokers smoke less

The third surprise, from the Monitoring survey, is that not only did teenage smoking decline over the last two decades (even when the recent rise is taken into account), but teenage smokers are smoking less than teen smokers did in the past (See Table 1). While the proportion of high school seniors who lit up at least once per month fell by 10% from 1976 through 1998, those who smoked daily fell by 22%, and those who smoked half a pack per day or more (the measure most comparable to adult smoking) declined by 34%. This development complements the trend, discussed below, of modern teens adopting what are perceived as softer drugs and using

Table 4

Teen and adult smoking by state
Behavior Risk Survey 1997

	Teen (frequent smoking)			Adult (daily/current smoking)		
	Male	Female	Total	Male	Female	Total
UTAH	8.4%	6.1%	7.3%	16.1%	11.5%	13.7%
HI	14.1	14.8	14.5	21.4	15.8	18.6
MASS	18.5	18.3	18.4	21.8	19.2	20.4
MT	18.9	19.7	19.3	20.8	20.2	20.5
CT	16.9	18.8	17.9	21.4	22.2	21.8
ME	22.7	21.5	22.1	25.2	20.4	22.7
IOWA	19.3	16.6	18.0	25.5	20.9	23.1
NY	18.2	14.3	16.3	25.0	21.5	23.1
MISS	17.2	10.5	13.8	28.3	18.6	23.2
VT	22.1	19.8	21.0	25.1	21.5	23.2
WISC	22.7	15.7	19.5	25.6	21.0	23.2
SC	20.6	15.8	18.2	29.5	17.8	23.4
WY	20.3	20.2	20.3	24.0	24.1	24.0
RI	19.8	18.7	19.3	25.6	23.0	24.2
SD	24.7	24.0	24.3	28.1	20.8	24.3
LA	19.4	16.5	18.0	29.3	20.4	24.6
ALAB	19.4	14.2	16.8	28.6	21.3	24.7
OHIO	19.7	16.4	18.2	26.3	24.0	25.1
MICH	19.5	20.1	19.8	29.6	22.8	26.1
WV	24.8	23.4	24.0	27.1	27.7	27.4
NEV	14.5	14.4	14.5	25.7	29.8	27.7
ARK	24.0	21.7	23.3	32.1	25.2	28.5
MO	21.4	23.1	22.3	31.7	26.0	28.7
KY	30.0	24.8	27.6	33.1	28.7	30.8

Teen = high school grade 9–12, "frequent" = smoked in 20 of 30 days
Adult = 18 or older, smokes currently or daily.
Source: Centers for Disease Control and Prevention

them in lesser quantities than teens of the past and than adults around them today. Thus, modern anti-smoking policy's insistence on absolute abstinence by youths is missing an opportunity to explore strategies to prevent progression to addictive smoking among occasional smokers.

While the proportion of high school seniors who use cigarettes in a given month is only slightly lower than the percentage in the early 1970s, the percentage who smoke heavily (half-pack per day or more) is far lower—12.6% in 1998, far below the percent heavy-smoking rate among their parents (30 to 35%) (Figure 1). The growth in youth smoking in the 1990s appears, overwhelmingly, to consist of a new phenomenon: episodic weekend smoking that is not—yet—translating into addictive daily smoking during high school or college years. A March 1999 *USA Today* report on campus smoking found example after example of college juniors, seniors, and grad students (ages 21 to 24 and older) who "light up with friends and at bars, on the weekends" and "during finals to relax." And, "with a certainty sure to leave millions of older, ex-smokers shaking their heads, [students] say it's just for now."[52]

Very few of the dozens of graduate students (ages 23 to 30) or hundreds of undergraduates (ages 17 to 25) I worked with at the University of California, Irvine, were daily smokers. In particular, as a teaching assistant, I spent considerable time with scores of undergraduates over the last three years, holding office hours at an outdoor coffee shop on campus where smoking was permitted. I saw no evidence of widespread smoking (certainly nothing approaching the 30% found in the 1999 Harvard study, discussed below) either in practice or by other signs, such as odor. However, it surprised me that a number of students told me they were weekend smokers; most had been for several years. As an anecdotal impression, I did not see evidence among students as old as their late 20s that a weekend habit was evolving into a daily one. However, anecdotes are not science, and study of weekend smoking is needed.

Weekend smoking: moderate trend, or addiction path?

Whether commentators believe that this trend is something new or scoff that it is just this generation's denial about how addictive cigarettes are, it has not been studied. In this politics-comes-before-health era, the only question commentators seem interested in is whose special-interest agenda would benefit from discussing this fascinating trend. Apparently, no one's. Experts such as Monitoring the Future surveyor Lloyd Johnston of the University of Michigan, quoted in the March 1999 *USA Today* article, reiterate the traditional line:

> This is clearly the sharpest increase in smoking among (college) students we have seen in over 20 years...The simple fact is, we are going to see more life-time smoking...and we can't put our finger on why.[53]

It is not surprising that Johnston, the leading surveyor of youth behavior for three decades, and other officials would be baffled. This new trend in occasional smoking among the young confounds the traditional assumptions of older baby boomers and health authorities—after all, more than half of those in the older generation who used tobacco at all got hooked. A widely-quoted psychologist, Andrew Weil, hopelessly mired in 1970s doctrine, declares in typical hyperbole that any teenager who smokes more than one cigarette has an 85% chance of becoming addicted. Yet today's figures indicate the true addiction rate is probably less than one-third.

A parallel, similarly undiscussed, trend has taken place with alcohol. Since the mid-1970s, the proportion of youths who report heavy drinking generally has declined more rapidly than those who report drinking at all. Among 12–17 year-olds, one-fourth of those who drank in the previous month in past decades reported heavy use (five or more drinks on five or more days); in 1998, the heavy-boozing proportion of teen drinkers had declined to 15%. Among high school seniors, the proportion of drinkers who drink every day declined about 20% from the 1970s to the 1990s, but the proportion who reported drinking five or more drinks in one sitting within the previous two weeks stayed about the same. The more prominent trend is that drinking among youths, like smoking, increasingly appears to be a weekend or occasional social practice rather than a daily habit.

While major surveys report declining binge drinking among youths, the same Harvard researchers who performed the tobacco study above report binge drinking among college students at high and constant levels in the 1990s. No effort has been made to explain why the Harvard study conflicts with both major surveys, but a plausible reason is the Harvard study's more dubious method. The study is only of college students (one-third of the 18–25 population, as opposed to the NIDA's study of all youth), and it relies on students to return questionnaires rather than choosing a representative sample. Students who drink may be more inclined to return surveys than nondrinkers, and adjustments are difficult to validate.

There are reasons to believe today's "second generation" response by youths to tobacco and drugs will be considerably less traumatic than that of their Baby Boom parents, the "first generation" exposed in their youth, in the 1960s and '70s, to widely-available pharmaceutical drugs and street drugs, widespread smoking and drug use by parents and prominent adults, and little direct knowledge of drug and smoking dangers.

The second, more important reason "we can't put our finger on why" is the multiplying falsehoods and taboo topics America's health policies have accumulated enroute to becoming more political. Skyrocketing rates of hard-drug abuse among aging baby boomers, especially among whites, and the greater college enrollments by low-income youth have produced environments conducive to increased numbers of students taking up smoking. No matter which statistical source is consulted—drug overdose deaths, drug-related hospital emergency treatments or fatalities, treatment center admissions, or crime—two facts are evident: teenage drug abuse is minuscule, and abuse of heroin, cocaine (including crack), methamphetamine, and drugs-mixed-with-alcohol is skyrocketing among parents and other adults who figure prominently in the lives of teens. These are yet more crucial trends modern political agendas treat as taboo.

In the 1980s and '90s, rates of drug abuse death quadrupled, hospital treatment for drug overdoses tripled, and admission to addiction treatment doubled among adults in the 30–50 age range. Heroin and cocaine casualties among middle-agers rose 10-fold over the 1980–97 period.[54] Further, crime, arrest, and imprisonment among middle-agers rose more rapidly than for any other age group (again, using per-person rates—the raw numbers rose even faster due to population growth). Contrary to official statements, FBI figures show the rate of serious crime by teenagers *declined* slightly over the last 20 years—but felony violent crime, property crime, and drug offense rates doubled among their parents, resulting in 1.4 million more felony arrests among 30–50-agers in 1997 than in 1980.[55] In California, the fastest-increasing felon and prison population is not black or Latino youths, but white adults over age 30.[56]

But the rules of 1990s discourse prohibit open analysis of the baby-boom drug crisis, socioeconomic influences on drug decisions, and styles of drug taking beyond use versus abstinence. It's hard to find real-world answers when so many real-world developments are banished from consideration.

Can a dromedary make teens smoke?

The next surprise in the surveys directly challenges the claim by anti-smoking groups that cigarette advertising—particularly Joe Camel, the cartoon symbol introduced by R.J. Reynolds Tobacco Company in 1988—is the major cause of teenage smoking. Review of the tobacco settlement reveals a more alarming possibility: that tobacco ads, especially Joe, had achieved the status of a diversion, one the industry exploited to win concessions to assure the industry's domestic survival and move into overseas markets (a perspective discussed below). As with the banishment of relevant facts that challenge political and industry agendas, many liberal groups have ignored realities that contradict their mantra that tobacco advertising seduces youths.

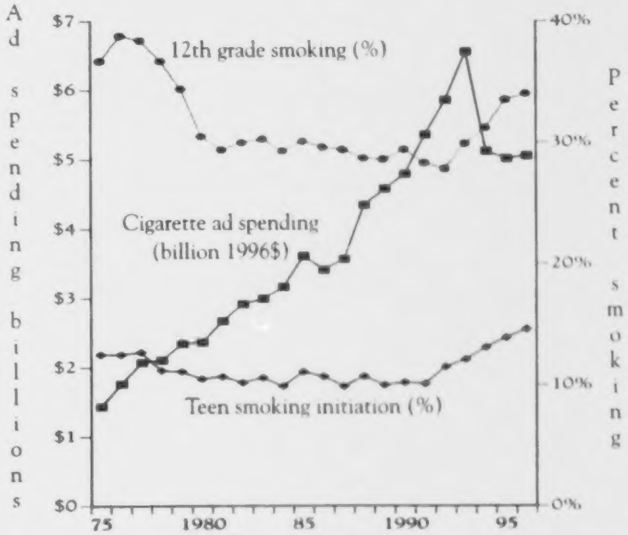
The important question is not whether the tobacco industry would seduce youths if it could, but whether it has actually been able to do so. In the last 20 years, Federal Trade Commission reports show industry spending on advertising in the media and promotions through sports events, free samples, and other marketing has more than tripled.[57] Expressed in constant 1996 dollars (that is, factoring out inflation), the industry spent over $5 billion on ads and promotions (about $20 per person in the U.S.) in 1996, compared to $1.4 billion ($7 per person) in 1975.

The equation that more tobacco ads and promotions translate into more smoking at younger ages is a universal axiom among anti-smoking groups. One might think that this belief would lead to comprehensive comparisons of cigarette marketing expenditures versus teen smoking and smoking initiation rates. Yet few studies seem to exist.

Perhaps the results of such a comparison show why it hasn't been done before (Figure 4 and Table 5, on pages 59 and 60). Over the last two decades, cigarette ad/promotion spending has had absolutely no relationship to how many teenagers begin smoking, how many teens smoke, and at what age teens first light up. In fact, more ad/promo spending is correlated, though not significantly, with slightly *lower* rates of teen smoking ($r = -.11$, meaning that more ad spending goes with less monthly smoking by high school seniors), with no effect on teenage smoking initiation ($r = 0$), and with *older* ages of beginning smokers ($r = +.18$, meaning that more ad spending goes with slightly higher age of first puff). These are exactly the opposite effects from those assumed!

Fig. 4

Cigarette ad spending has no relation to teen smoking or smoking initiation



In fact, the biggest *declines* in teenage smoking and smoking initiation occurred from 1975 to 1992, a period in which cigarette ad and promotion spending *tripled*. And the biggest *increases* in teen smoking and rate of first puff occurred from 1993 to the present, when ad and promo spending *declined* sharply (Table 5)—that is, the less advertising in the '90s, the more teen smoking! Further, on average, novice teen smokers are a bit *older* now (15.8 years in 1990–95) than they were two decades ago (15.4 in 1970–75) (Figure 5, on page 61). It is not true to say that smokers are starting younger today.

The general lack of effect of cigarette ads and promotions on teenage smoking also applies to its most famous example, Joe Camel, whose debut was followed by LESS teen smoking—especially among the youngest. In the

Table 5

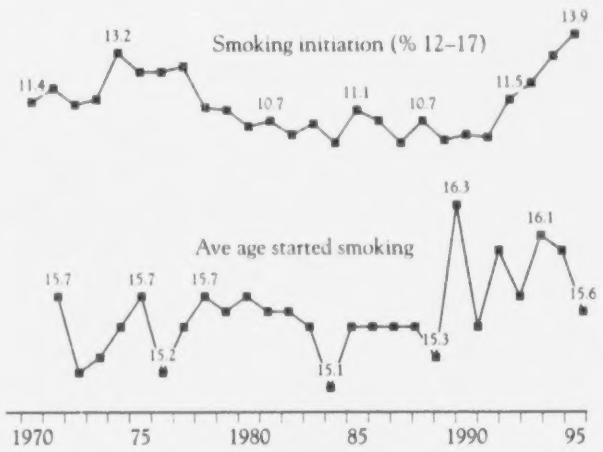
Cigarette advertising, teenage smoking, and smoking initiation

	Cigarette ad/promo spending (billion)*	Smoking initation rate NIDA*	CDC*	Avg age	12th grade smoking rate Monitoring*
1970	$1.460	11.4%		15.7	
71		11.9		15.2	
72		13.0		15.3	
73		11.5		15.5	
74		13.2		15.7	
1975	$1.432	12.5		15.2	36.7%
76	$1.762	12.5		15.5	38.8
77	$2.071	12.7		15.7	38.4
78	$2.106	11.2		15.6	36.7
79	$2.341	11.1		15.7	34.4
1980	$2.365	10.5	5.4%	15.6	30.5
81	$2.672	10.7	5.2	15.6	29.4
82	$2.917	10.2	4.8	15.5	30.0
83	$2.995	10.6	5.0	15.1	30.3
84	$3.164	9.9	4.7	15.5	29.3
1985	$3.610	11.1	5.3	15.5	30.1
86	$3.410	10.7	5.3	15.5	29.6
87	$3.565	9.9	5.3	15.5	29.4
88	$4.344	10.7	6.2	15.3	28.7
89	$4.577	10.0	5.5	16.3	28.6
1990	$4.792	10.2		15.5	29.4
91	$5.357	10.1		16.0	28.3
92	$5.851	11.5		15.7	27.8
93	$6.553	12.1		16.1	29.9
94	$5.118	13.1		16.0	31.2
1995	$5.011	13.9		15.6	33.5
96	$5.055	14.6			34.0

*NIDA: percent, first cigarette among nonsmokers age 12–17.
CDC: percent, first cigarette use among nonsmokers age 14–17.
Monitoring: 12th graders, smoked in previous month.
Ad spending is in billions of constant 1996 dollars.
Sources: NIDA, Monitoring, Federal Trade Commission.

Fig. 5

Smokers are not getting younger
Rate and age of initiation, age 12–17



Source: NIDA Household Survey

first four years after Joe's 1988 unveiling, when a new advertising icon should have the most effect, both the Monitoring and NIDA surveys show *declines* in teen smoking, especially among the youngest ones. Among high school seniors from 1987 through 1992, the Monitoring survey found a 5% drop in monthly smoking, an 8% drop in daily smoking, and a 12% decline in half-pack-plus daily smoking. Indeed, smoking among high school seniors declined more rapidly in the five years after Joe Camel was introduced (1987–92) than in the five years before (1982–87) (Table 1).

The NIDA survey is even more dramatic on this point (Table 2 and Figure 3). From 1985 (the last survey before Joe's 1988 debut) through 1992, smoking among 12–17 year-olds fell twice as fast (down 37%) as adult smoking (down 16%). Younger smokers—the so-called impressionable ones supposedly most in thrall of the Cool One—displayed the greatest declines. Among 12 and 13 year-olds, smoking fell sharply and steadily, by 67% from 1985 to 1992. The second largest drop was among ages 14–15 (down 29%), followed by ages 16–17 (down 28%).

Both NIDA and NHIS figures show teen smoking plunged much faster than adult smoking in the four years after Joe's mug entered the scene (See Table 2 and Figure 3). The NHIS showed that from 1985 to 1992, smoking declined among adults ages 18–24 (down 9%), 25–34 (down 10%), 35–44 (down 13%), 45–64 (down 9%), and 65 and older (down 13%). In fact, both the NIDA and Monitoring surveys show the teenage smoking increase did not occur until after 1992, when Joe Camel had become the Stale One. These trends, about as clear and consistent as smoking surveys ever yield, suggest anti-smoking groups (who seem to think correlation equals causation) should contract with RJR to post the Smooth Customer in grade schools!

Smoke screen?

An October 1998 study by the Centers for Disease Control attempted to show that the introduction of Joe Camel in 1988 coincided with a "hump" in the numbers of new youth cigarette experimenters.[58] The study tabulated Census Bureau reports from 1992 and 1993 on the personal habits of 28,000 persons aged 17–34 who had ever smoked, including when they *remembered* beginning smoking. "An association between overall cigarette marketing expenditures and initiation rates for smoking among adolescents is plausible," the report concluded.

Taking the report at its maximum face value, the total effect of Joe Camel was to create a one-year increase in teen smoking of 0.8% in 1988; rates went back down afterward. Thus, accepting the CDC claim that correlation equals causation, the Camel icon was not responsible for the post-1992 rise.

But there are bigger problems with the study than that. The report's figures showed the reversal in the previous decline in adolescent smoking initiation occurred not when Joe Camel was introduced in 1988, but three years earlier. "Among adolescents, the smoking initiation rate decreased slightly from 1980 (5.4%) through 1984 (4.7%) and then increased through 1989 (5.5%)," the report said. "...The increase in rates occurred during a period when real expenditures for total cigarette advertising and promotion doubled, and expenditures for cigarette promotion more than tripled."

This statement is only half true, as the report's figures show. Adolescent smoking initiation indeed increased from 1985 through 1989 (with a peak in 1988) as tobacco advertising/promotion spending rose by about $1 billion (Table 5). But adolescent smoking initiation *declined* from 1980 through 1984, a period when tobacco ad/promotion spending rose by a similar $800 million (constant 1996 dollars). In fact, despite huge increases both in current- and constant-dollar spending on tobacco ads and promotions during the 1970s (from around $1.4 billion in 1975 to $3.2 billion in 1984, a doubling in constant-dollar spending),[59] every survey showed that teenage smoking and smoking initiation plummeted by 20% to 40% over the period.

Thus, even accepting the CDC's figures, more tobacco promotion coincided with both the pre-1985 decline and the post-1985 rise in teenage smoking. Since no one alleges that anything magical occurred in the tobacco ad world in 1985—same old cowboy, same old long-way-baby—the most logical conclusion from the evidence in the CDC report is that changes in teenage smoking initiation have little to do with advertising or promotion bucks.

Finally, the CDC does not explain why its findings (based on subjects' recall, going back three decades, of when they began smoking) differ from those of other surveys that examined the question each year. The NIDA Household survey also reports the number of new teenage smokers every year (Table 5). A different pattern shows up than in the CDC's retrospective survey. NIDA found a slight rise in teen smoking initiation from 1980 to 1985, a bouncing-around pattern through 1991, then a pronounced increase in teenage smoking initiation after 1992.

In fact, fewer new smokers were reported by NIDA in 1988 (2,484,000) than in any other year of the decade, 200,000 below the annual average for the other years surveyed from 1980 through 1990 (2,697,000). The complicated calculation by NIDA of the rate of 12–17 year-olds who first tried cigarettes is slightly higher in 1988 (107 per 1,000 kids who had never previously smoked, based on a full-year average) than the decade's average for other years (104), but is still equal to or lower than their initiation rates in 1981, 1985 (the peak year of the decade), and 1986.[60] The NIDA findings on smoking initiation are consistent with both the NIDA and Monitoring findings about overall teenage smoking trends (Tables 1, 2). No Camel "hump" is evident.

Adopting for a moment the fallacy that simple correlation equals causation (that is, if event A follows event B, then B caused A), the increase in youth smoking after 1992 corresponds not with ad campaigns, but with the Clinton era's increasingly contemptuous and punitive stance toward teenage smoking and its open tolerance for, and even public displays of, adult smoking. Further, the Clinton-era zeal for "zero tolerance" (which, in many school- and community-level practical applications, equated a sip of lite beer with heroin addiction) failed to consider the complex decisions teenagers were making about drug use. If larger societal influences affect teen smoking, then a much better case can be made that the inept venality of anti-smoking strategies is the culprit, rather than Joe Camel.

Both industry data and health studies (see especially those in the December 11, 1991, *Journal of the American Medical Association*) indicate that at best, Joe Camel temporarily increased Camel's small market share by about 3.5% among a declining pool of teenage and young-adult smokers at the expense of other brands. Indeed, reading the compendium of secret tobacco industry documents targeting kids compiled on the website of the Campaign for Tobacco-Free Kids (www.tobaccofreekids.org), one is struck by how industry planners privately admitted that advertising and promotion were very limited tools to jockey for higher market shares for their brands among youths and young adults who smoked; not as a means of recruiting new smokers.

Industry critic Richard Kluger reports the outcome:

> If the effectiveness of the Joe Camel campaign was measured not by the notoriety it aroused but by its effect on sales, then the effort was proving hardly worth

> the antagonism it engendered and the fuel it provided for those calling on Congress to ban cigarette advertising altogether. Camel's market share in the twenty-four-and-under sector climbed from 4.4% to 7.9% at its height, but in 1993, five years into the cartoon campaign, the brand's overall share had risen only about 1 percentage point to just over 4. By the following year, when the FTC finally decided not to act against Reynolds's use of Joe Camel, the brand's share was back under 4%.[61]

This reinforces the point that Joe Camel's main effect was to influence brand choice among beginning smokers, not lure new smokers. The weakening of Joe's effect even in terms of influencing brand choice by 1993 shows Real Old Joe could not possibly have caused the increase in youth smoking that occurred from that year onward.

Weird science

A more complete discussion of the studies of Joe Camel's influence is found in *The Scapegoat Generation* and in *Framing Youth*. The latest study, as of this writing, is by John Pierce of the University of California at San Diego and colleagues. Despite continual assertions by health groups that advertising causes youths to smoke, this 1998 study is the first (and, to my knowledge, the only one) in which *researchers* claim to show a cause-effect relationship between cigarette promotion items and youth smoking.

The study concluded that tobacco advertising and promotional items cause 5% of all teenagers to smoke.[62] This conclusion was unwarranted on its face, given that this study of teenage smoking *never directly asked its teenage subjects if they smoked*, certainly a strange omission. In fact, Pierce defined youths as "established smokers" if they had "smoked at least 100 cigarettes" in their lives—much broader than the working definition of "smoker" by the National Center for Health Statistics in *Health, United States* as "a person who has smoked at least 100 cigarettes *and who now smokes*" (emphasis mine). By Pierce's definition (but not the NCHS's), I would be classed as an "established smoker" even though I haven't touched a cigarette in 40 years, since I puffed more than five packs between ages seven and nine before giving them up for good.

Pierce employed measures that defined youths as "progressing toward smoking" if they had tried cigarettes, taken a puff at some time, or thought they might try one someday—that is, about 75% of the teen population! So broad was his definition that of the huge number of teenagers he claimed were "progressing toward smoking," only 3.6% had smoked as many as 100 cigarettes in their lives ("established smokers"), and only 29.5% had ever "taken even a few puffs" ("experimenters"). That is, 96% of the teens Pierce proclaimed as "incipient smokers" had smoked fewer than five packs in their lives, and seven in 10 had reached an average age of 17 without ever having taken even one drag! A tip-off to the dubiousness of the study was its finding that neither parents nor peers have any influence on teenage smoking, a conclusion authors admit contradicts the majority of other studies of the subject. The study's claim that peers influence a teen's decision to smoke rather than his/her first experimentation with cigarettes directly contradicted the Surgeon General's 1994 report, which declared that peer influence is the most important factor in "the first tries of cigarettes and smokeless tobacco."[63] Further, both reports' speculations contradicted other studies, but these contradictions were not explored or discussed in either one.

Psst: here's a free cigarette. From guess who?

In December 1997, a Dartmouth study of 1,200 New England sixth-to-twelfth graders appeared in the *Archives of Pediatric and Adolescent Medicine*. It reported that one-third owned cigarette promotion items (T-shirts, caps, lighters, etc.), and these youths were more likely to smoke than kids who didn't own such items. The study was widely headlined and drew dire comments from the Campaign for Tobacco-Free Kids that "stealth advertising" was luring ever-stupid kids to smoke.[64]

It certainly might reveal an industry effort. But when examined, the study actually found that the people kids were most likely to get such items from were their *parents*. Owning cigarette promotion items (CPIs) had no effect on high schoolers' smoking. Only younger kids were reported to be affected, which is the same group that gets most of its cigarettes (as well as cigarette promotion items) at home.

"We are unable to infer a direction between the exposure (ownership of a CPI) and smoking behavior," the authors admitted. In other words, there was no determination of which causes which. Certainly, youths who ride dirt bikes are the most likely to wear motocross T-shirts, but do T-shirts cause kids to ride bikes? It would not be a bit surprising that kids from homes where adults smoke and where adults give kids cigarettes and CPIs would be more likely to smoke and to own such items.

More important, the Dartmouth study found strong links between youth smoking and smoking by their friends and parents. Massively contradicting the Pierce findings, the study found that a youth with both friends and parents who smoked was 28 times more likely to smoke than one amid smoke-free humans. That effect dwarfed the one claimed for cigarette promotional items which, after all, often came from parents and family members.

In a 1993 study published in the *Journal of School Health* that received far less publicity (as in: none), I surveyed 400 Los Angeles middle school students ages 10–15.[65] I found the unsurprising fact that those whose parents smoked were four times more likely to smoke by age 12 and three times more likely to smoke by age 15 than students whose parents did not smoke. Further, children of smoking parents were more likely to resist antismoking messages. Six in 10 youth smokers had parents who smoked. I neglected to ask about other adult family members.

The 1997 Bogalusa Heart Study of 900 third-through-sixth graders did ask that question. It found that 133 (15%) of the kids had tried cigarettes. Of that 133, only five said they did so to be like people in ads, and only nine to be like people on TV. In contrast, 61 tried smoking because an older family member smoked, and nearly all of these had their first cigarette with a family member. In fact, that study found four-fifths of the youngsters who smoked by age 12 had parents or older family members who smoked; 60% of these were parents and one-fourth were older siblings. Only one-fourth of the smokers had friends who smoked. Of major note: family members were twice as likely to supply the first smoke as peers were, and young smokers were 2.5 times more likely to cite family members than peers as their biggest influences.[66]

Who knows why some teens smoke? Try asking teens

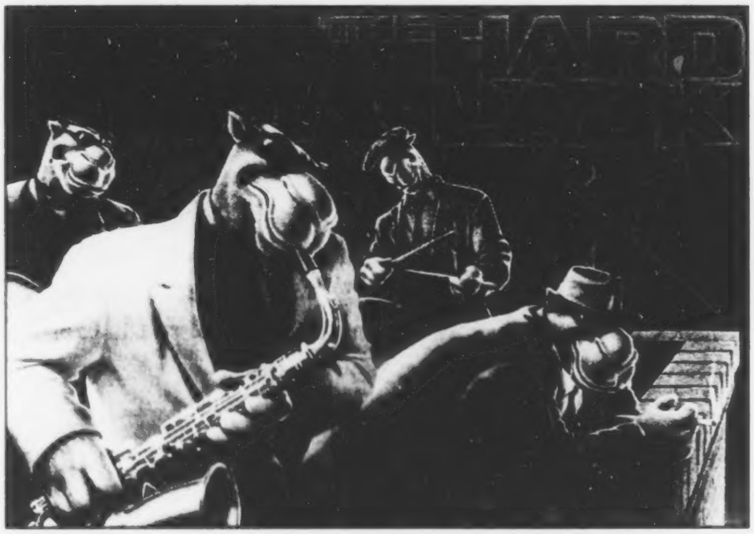
Illuminating the reasons for these intriguing findings, *USA Today*'s February 2, 1997, issue featured an in-depth report on "how ad images shape habits." The survey and focus groups with over 500 teenagers were so illuminating that the paper could barely stand to report them. The article began with the usual breathiness:

> An astonishing 99% of those (teenagers) surveyed knew the Budweiser-croaking amphibians. Frog familiarity breeds affection; some 92% said they liked the frogs. And 98% of those surveyed are familiar with the cigarette-puffing Joe Camel cartoon character.

Had the report stopped there, it would have amounted to the usual superficiality common to the studies criticized earlier: if teens know ads and like ads, they slavishly buy the products advertised. But *USA Today* impaneled focus groups of teens to plumb the reasoning behind the crude poll results. A study by the London, UK, Department of Health (discussed later) used similar research methods to analyze how well anti-smoking programs work, yielding equally provocative results.

USA Today found that "conventional wisdom aside, the ads teens like most seem to have only occasional correlation to the tobacco and alcohol products they want." Budweiser was rarely the favorite brand; Joe Camel was ridiculed more than loved; and so on.

When *USA Today*'s numbers were examined, they showed that ads only influence *brand choice* among the fraction of youths who have already decided to smoke. Ads had little impact on the large majority who didn't already light up. For example, 60% of the smokers said the Marlboro ads made them want to smoke Marlboro



more (like adults, for whom Marlboro is by far the most popular brand), but virtually none of the nonsmokers did. Marlboro and Joe Camel ads appealed to only one-fifth of the teens, which is about the number who, based on adult smoking rates, would be expected to smoke anyway.

Many teens harbored the same they-are-weak-but-I-am-strong beliefs that adults hold about advertising allures. Overwhelming margins said the ads didn't make them crave the particular brands being hawked. But 30% to 40% thought ads might influence *others* (particularly younger kids) to indulge. "Teen views on the marketing of tobacco products and alcoholic beverages were consistently surprising," *USA Today* found. "…Teens may say they love the frogs, penguins, and other clever images, but they aren't putting their money where their mouths are."

Thus, it is unfortunate that the health lobbies' preoccupation with Joe would elevate the sax-playing dromedary to priceless status, which was exploited by the industry as a bargaining chip to win vital concessions in later Congressional and legal negotiations. Health groups scored "some mild restrictions on advertising and things like that" in the 1998 tobacco settlement, industry foe Stanton Glantz assessed. "But on the issues that really matter, the industry won." The industry triumphed on issues such as damage caps on lawsuits and a relatively free hand to market tobacco products abroad, Glantz lamented.

Smooth sidetracker

Recent, unsettling developments show that although Joe Camel may have started out as an ad figure aimed at increasing Camel's market share of young smokers, the furious attention he received from anti-smoking groups bestowed on him great diversionary value. Joe Camel's legendary stature converted him to a decoy skilfully parlayed by the tobacco industry to sidetrack previously effective anti-smoking strategies. R.J. Reynolds shrewdly swapped retirement of Joe in 1998 for major concessions from anti-smoking negotiators, detailed below, in the "Master Settlement" of state lawsuits on tobacco-related health costs.

Looking at what the tobacco industry grinned and howled about in its March 1998 full-page ads on the settlement provides a good indication of their interests and strategy. Philip Morris, R.J. Reynolds, Brown & Williamson, and Lorillard Tobacco Company ringingly endorsed:

- A massive and sustained assault against underaged smoking...

- A multibillion dollar anti-smoking public education program, including $500 million a year for an independently-managed campaign aimed at preventing young people from smoking…
- A ban on outdoor advertising and on the use of cartoon characters or human figures in other advertising.
- A ban on cigarette vending machines.
- Regulation of nicotine and tobacco products by the U.S. Food and Drug Administration to prevent teen use, backed by severe penalties for violations…
- (Agreement to) reduce underage tobacco use, while protecting the right of adults to use tobacco.

"Good for all concerned," the cigarette sellers' ad puffed amiably in conceding *every demand* of modern antismoking lobbies regarding youth smoking.

Now, what did the industry squawk about?

> Some are now calling for immediate and massive increases in excise taxes on tobacco products. These taxes are not only unfair to millions of our customers, but also will have a devastating impact on the hundreds of thousands of people who work in our industry.[67]

The industry could hardly have shouted its fears more loudly: unlike the anti-teen-smoking bombast, raising tobacco taxes might actually cut down on smoking! In one of his few shining moments on tobacco, Clinton endorsed a $1 per pack tobacco tax increase (though he opposed efforts by Democratic senators to impose a larger tax hike). Congressional Republicans and tobacco-state Democrats, however, bludgeoned the tax increase in a toe-the-line endorsement of the industry's goals. The bitter fruits of six years of tobacco perfidy came due in 1998's climactic deal-cuttings.

"The world is their ashtray"

In a March 1999 Web posting (www.ncsl.org/statefed/-tmsasumm.htm), the National Conference of State Legislatures summarized the November 1998 Master Settlement reached by state attorneys general and major tobacco companies (full text available from the National Association of Attorneys General, Website awmanet.org/members/master.html):[68]

> Financial Provisions:
>
> - States will receive $206 billion over 25 years (four other states will receive $40 billion in a separate settlement). This payment consists of:
> - Up front payments, $12.7 billion;
> - Annual payments totaling $183 billion, in annual installments from 2000 through 2025;
> - Strategic Contribution Fund payments totaling $8.6 billion, payable 2008 to 2017;
> - National Foundation to reduce youth smoking ($250 million over next 10 years);
> - Public Education Fund, at least $1.45 billion, payable 2000 to 2003;
> - State Enforcement Fund, $50 million, one-time payment;
> - National Association of Attorneys General, $1.5 billion over next 10 years.

Youth provisions:

- Bans cartoon characters in advertising or promotions;
- Restricts brand name sponsorships of events with significant youth audiences;
- Bans outdoor advertising and brand names at stadiums and arenas;
- Restricts size of outdoor signs at stores;
- Prohibits free samples except in adult-only facilities;
- Bans distribution and sale of apparel and merchandise with brand name logos, such as caps, T-shirts and backpacks, beginning July 1, 1999;
- Bans payment for placement of tobacco products in television shows, theatrical performances, video games and movies;
- Requires proof of age for distribution of free gifts;
- Sets minimum pack size at 20 cigarettes through Dec. 31, 2001.
- Creates a National Foundation ($250 million over next 10 years) and a Public Education Fund ($1.45 billion between 2000 and 2003) to reduce youth smoking;
- Requires the industry to make a commitment to reducing youth access and consumption;
- Prohibits tobacco companies from lobbying against or otherwise opposing proposed state or local laws or administrative rules that are intended to limit youth access to and consumption of tobacco products, including:

- Limits on youth access to vending machines;
- Enhanced enforcement of laws against tobacco sales to youths, including more technologically intrusive age identification measures and data banks;
- Stronger penalties against youths who use tobacco and school bans on apparel and other items which advertise tobacco;
- Limits on non-tobacco items designed to look like tobacco products, such as bubble gum cigars, candy cigarettes, etc.

Industry information provisions:

- Disbands tobacco trade associations such as Tobacco Institute, the Council for Tobacco Research-USA, and the Center for Indoor Air Research;
- Prohibits tobacco manufacturers from trying to limit information about the health hazards of their products or suppressing research into smoking and health;
- Opens industry records and research to the public and allows attorneys general of the settling states access to tobacco company documents, records and personnel to enforce the agreement.

Enforcement provisions:

- Provides court jurisdiction for implementation and enforcement;
- Establishes a state enforcement fund ($50 million one-time payment);

- Funds attorney's fees separately from the $206 billion in paymets to states.

The agreement would not:

- Give the federal government authority to regulate tobacco, as the national proposal that died in Congress last summer would have;
- Protect the industry against all types of lawsuits, only further litigation by states for compensation.

Anti-smoking groups have maintained that recruiting youthful smokers through advertising, promotion, and making tobacco easily available to kids is absolutely crucial to the industry's survival. Yet, the tobacco industry displayed *no fear whatever* of a lengthy list of even the most vigorous efforts to stop youths from smoking—a $250 million to $1.5 billion, 10-year research effort, complete bans on all advertising and promotion that might reach youth by any avenue, and prohibition of all industry lobbying against tougher anti-youth-smoking laws and policies. (In all the anti-smoking literature I've read, I've never seen an example of an industry effort to weaken anti-youth-smoking laws. Why should they?)

No, indeed. When it came to youths, the industry shruggingly gave health groups 100% of what they asked for. So, what did anti-smoking lobbies give up in return?

Answer: the world. Despite a few gains, the deal was a "sellout" for anti-smoking interests, Glantz declared. During early negotiations in 1997, he pointed out why the industry desperately needed a settlement:

> The tobacco industry is really on the ropes right now. They're in a position where they're not only looking at a huge amount of civil liability, but probably the

likelihood of criminal prosecution—not only of the executives but probably some of their lawyers as well. That's why they're all upset and talking and trying to get off the hook. Now they're in much more serious shape because the whole massive conspiracy that's been underway for the last forty or fifty years is having the lid pried off of it. And a lot of these people could end up going to jail. The industry could be put out of business. So they're just desperate to get this issue off the table.

...What they want is peace. They want certainty. And tobacco is immensely profitable. So they can pay out billions of dollars and still make buckets of money. But they don't want to have the threat of the litigation keeping them from going about their business. Furthermore, to the extent that their advertising is limited by this deal, it's going to lock in the current market structure in the U.S., which is going to lock in Philip Morris and R.J. Reynolds as the dominant players.

...The tobacco industry knows that they're losing in America and they're almost willing to write off America so that they can go about pillaging the rest of the world, killing people overseas. By getting the issue off the agenda in the United States and by freeing them of these potentially devastating criminal and civil judgments against them, they'll be then left free to go overseas. In fact, that's the dirty little secret of the deal. It's called a global settlement but there's nothing global about it. It basically leaves the industry free to go after the whole rest of the world.

...It's true that there were some concessions to the health groups—some mild restrictions on advertising and things like that, but on the issues that really matter, the industry won. Furthermore, all of the money that they pay is tax deductible, so the taxpayers will end up subsidizing somewhere between one-third and one-half of it. So it's really a sellout.[69]

And likely to become more of one. After Senate Republicans defeated the first settlement in 1998, they began drafting legislation cementing industry immunity from the most damaging lawsuits and prohibiting the FDA from regulating the nicotine content of cigarettes, preserving the addictive nature of smoking.

"This is going to go down as one of the biggest con jobs in the history of the world," said Glantz of the Master Settlement signed in late 1998. "There are so many adjustments and offsets built into this that I think that over a short period of time, the money is going to disappear." The settlement contained major loopholes that tobacco companies may use to dramatically minimize yearly payouts:

- The inflation adjustments will not rise as fast as the smoking-related medical costs they are based on.
- The tobacco companies can pay less when cigarette sales drop, meaning that if cigarette sales decline, the payment to states will decline even faster.
- If other tobacco companies that are not party to the current agreement enter the market, there are built-in cuts to the payments.
- If the federal government imposes any additional taxes on cigarettes and shares this money with the states, tobacco-company payments to the states will be reduced proportionately. This provision "essentially makes state attorney generals the active allies of the tobacco industry in lobbying Congress not to pass any additional taxes on cigarettes," says Glantz.
- The payments will last 25 years—but the security afforded the tobacco industry lasts forever.[70]

Glantz was far from the only one alarmed, as the international watchdog Corporate Watch's excellent summary of reactions showed (www.igc.org). Koop called the Master Settlement "deeply flawed." Ralph Nader declared that the settlement set a "dangerous precedent" by allowing tobacco companies to secure government protection from what potentially could have amounted to trillions of dollars in lawsuit payouts to states for tobacco-related health costs.

"The world is their ashtray," Corporate Watch's editorial board lamented because of the industry's carte-blanche to market abroad. Anti-smoking coalitions from 19 countries reacted with alarm: "It is unacceptable to discuss a comprehensive settlement of the U.S. tobacco litigation which does not include measures to control the use of U.S. tobacco products outside of the United States," they petitioned Clinton.

Protesters included the International Union Against Cancer, the Hong Kong-based Asian Consultancy on Tobacco Control (which pointed out that "the U.S. tobacco companies' strategy is to target the overseas market, especially the Third World and Eastern Europe, where they already sell a large majority of their cigarettes"), and tobacco control advocates from Australia, Cameroon, Canada, France, Hong Kong, India, Japan, Kenya, Malaysia, Mongolia, New Zealand, the Philippines, Poland, South Africa, Switzerland, Taiwan, Thailand, Turkey and the United Kingdom.

How did such a travesty happen? In short, because of the obsession with teenage smoking among U.S. health lobbies, whose own motives were far from pure. The framework for the settlement "sellout" was facilitated by the nation's leading anti-teen-smoking lobby, Glantz reported:

> Most of the people at the grassroots level are appalled. The main person pushing the deal is a guy named Matthew Myers from the Campaign for Tobacco-Free Kids, which was set up by the Robert Wood Johnson Foundation, the Cancer Society and the Heart Association. And he's pretty much coopted the leadership of Cancer and Heart.
>
> ...I think that basically Matt Myers wanted a deal. And the people [in the industry] were very careful in selecting him as a person who wanted a deal, as somebody who has—or had—a tremendous amount of personal credibility with a lot of people. He's put every ounce of this credibility on the line and delivered these organizations [the Heart Association and the Cancer Society] to the pro-settlement forces.
>
> There was a meeting last fall of many people from public health and there was a very strong consensus not to do this. Matt chose to ignore that consensus. So I don't think there's anything that could have been done other than Matt having been more willing to honor the opinions of his colleagues. If Myers didn't do what he did, there wouldn't have been a deal. He's been absolutely essential to this. The politicians and the lawyers couldn't have done it without him (www.igc.org, no date, retrieved June 1999).

"Watch your friends," Glantz warned. Although he didn't suggest a motive for the "sellout," one is clearly evident: the settlement terms position anti-teen-smoking groups to mop up money from payments to states by the tobacco industry, no matter how abysmal (perhaps even because of how abysmal) the groups' records of nonaccomplishment have proven.

And the winners are...

The Campaign for Tobacco-Free Kids' power pitch for tobacco settlement bucks in a series of national newspaper ads pulls every string. These were posted in 1999 on its Website (www.tobaccofreekids.com) along with a lengthier argument entitled, "Why The States Should Use Their Tobacco Settlement Money To Support New Statewide Efforts to Prevent and Reduce Tobacco Use:"

> The new national public education campaign financed by the multistate settlement can significantly reduce tobacco use only if it is accompanied by strong state tobacco prevention efforts, including...substantial investment in a sustained and comprehensive multiyear tobacco prevention strategy...Existing tobacco prevention efforts throughout the country show that the best way to reduce tobacco use, other than raising prices, is to take full advantage of a wide range of proven effective measures, including public education efforts, school and community-based programs to prevent tobacco use and to help people quit, the enhanced enforcement of laws prohibiting the sale of tobacco products to kids, and the firm maintenance of smoke-free workplaces and public areas.

The Campaign for Tobacco-Free Kids thus agrees that the best way to lower rates of smoking is to raise tobacco prices. The settlement it pushed, however, contains several broad escape hatches for the industry that potentially will result in little or no price hike. Before we explore why an anti-smoking group would champion a settlement that is not guaranteed to include what it views as the most effective anti-smoking provision, it is necessary to detail the two immense problems with the Master Settlement which have received little publicity.

First, if anti-smoking measures funded by the settlement actually reduce smoking, cigarette sales will fall. If cigarette sales fall, the Master Settlement specifies that tobacco companies would reduce their payments to states. This provision, called the "volume adjustment," calculates industry payments based on how much the actual volume of cigarette sales nationwide each year exceeds or fall short of the specified "base volume" of existing cigarette sales.[71] If, in some future year, cigarette sales fall to (say) 20% below today's levels, the industry's payments would decline by a like amount and states would lose bucks by the billion. Conversely, if cigarette sales increase, the states stand to reap more money, paid by an industry whose profit from greater sales far exceeds its added payment burden. The states enjoy no similar flexibility, having already borne the costs of treating smoking-related health problems, and thus must scramble for every buck they can get in payments.

Bottom line: states, and the anti-smoking groups that receive funds from the Master Settlement, have a built-in financial incentive *not* to reduce smoking. This leads to the second problem: strategies of the type promoted by the Campaign for Tobacco-Free Kids don't appear to reduce smoking, as the Campaign itself concedes. During the 1990s, when education, prevention, and enforcement efforts escalated to fever (in fact, saturation) pitch, the Campaign's own analysis admits that "steady increases in youth smoking" occurred and adult smoking's "downward trend may have slowed or stopped."

Thus, a history-making tragicomedy to match the con job is in the making: What better groups could states fund for the purpose of *not* reducing smoking than those such as the Campaign and other anti-teen-smoking groups skilled at maximizing political mileage from tobacco politics while doing nothing about the problem? Even though the industry chose the Campaign to bargain with, such a fiasco need not have a dark cigar-twirling smoky-room conspiracy behind it. What has transpired is a logically negotiated agreement between the tobacco industry and modern anti-smoking interests, which, as this paper has detailed in many places, are not in as much disagreement over the tobacco industry's survival as their public images have made it appear.

Big tobacco and big anti-youth-smoking interests, the two biggest champions of the deal, though ostensibly opponents, are its two biggest winners. A large chunk of Master Settlement money stands to be squandered on the anti-teen-smoking crusade, perpetuating tactics which have proven useless or self-defeating. It's hard to imagine a formal collusion producing such a sad result. Rather, blame the corruption of once-dedicated anti-smoking interests in the 1990s for once again letting the industry off the ropes and banging a coffin nail into Koop's vision of a smoke-free society. The fanatic obsession with teenage smoking (a problem which had been declining for two decades before 1990s anti-smoking thinking attacked it) culminated in the tobacco settlement debacle.

What might be done instead? Start with realism

Amid the adult disarray, kids themselves are reshaping the drug and tobacco landscape on their own, with promising but unpredictable results. Recent trends in teenage smoking do not stem from some new wave of unhealthy self-destruction sweeping the young, but are connected to a larger preference for softer drugs by adolescents in families and cultures where hard-drug and alcohol addiction is epidemic.

The rapid decline in teenage smoking in the 1970s and 1980s occurred in the absence of force or coercion. This teen smoking drop occurred as industry ad/promotion expenditures tripled, and continued for four years, even after the infamous Joe Camel was introduced. By the early 1990s, teens had proven that, left to make the choice themselves, at least five in six would choose not to light up, and there was nothing the industry could do to lure them. Youth decisions were influenced by a variety of reinforcing factors, including anti-tobacco education complementing the visible death toll smoking was exacting on aging postwar adults (America's first heavy-smoking generation) in the 1970s and '80s—their grandparents, as well as many a dying celebrity smoker. From 1960 to 1990, the image of smoking changed from glamorous accessory to a burden, a threat to health and life itself. Teenagers, as the "second generation" exposed en masse to tobacco and its promotions, benefited from witnessing the dismal experiences of their parents and grandparents. Youths reacted to this threat by spurning cigarettes by the millions.

In the 1990s, after declines of 30–60% (depending on the measure) in teen smoking over the previous 20 years, what is left is the hard core. Today, about one-fifth of teens and one-third of adults smoke. Of the adult smokers, three-fourths to 90% first tried cigarettes in adolescence—in fact, two-thirds were smoking daily, and four in ten were smoking at least half a pack per day, by age 18.[72]

In contrast, today's young smokers start at slightly older ages and are considerably less likely than those of the past to get addicted to cigarettes during teen years. Smoking on weekends is unhealthier than not smoking on weekends, but it nowhere approaches the pack-a-day-plus carnage that originally made anti-smoking campaigns a vital health priority. Occasional smoking is neither a serious health menace nor a source of great profit for the industry. The danger, however, is that weekend smoking may be the precursor to addictive smoking. Closer study of new trends toward weekend and episodic smoking among today's young people is needed to determine whether the progression to heavier smoking is simply occurring later in life than it did in past generations, or whether it is occurring at all.

Teen trend: milder, not harder drugs

Teenagers' promising responses to adult drug trends have been abjectly misrepresented. Clearly, today's teens are not (yet, anyway) copying their parents' hard-drug and alcohol woes. Teenage drug overdose death and hospitalization, drunken driving, and alcohol poisoning tolls are vanishingly small even as adults over age 30 show high rates and surging increases.

Though youths are avoiding the harder stuff, they are not abstaining. This, along with other trends, indicates that it is not official anti-drug measures, whether exhortative "abstinence education" or punitive "zero tolerance" regulations, that are the main influences on teenage drug choices. Rather, teens in homes and communities with high rates of adult drug abuse are reacting by turning to softer drugs—beer, marijuana, and cigarettes—as their passage to adulthood.

Table 6. Soft vs hard drugs

	Addictiveness	Intoxication	Lethality*
Alcohol (beer)	moderate	moderate	low
Cigarettes	high	low	low
Marijuana	low	moderate	low
Alcohol (liquor)	moderate	high	high
Cocaine (including crack)	high	high	moderate
Heroin	high	high	high
Methamphetamine	high	high	high

*Odds of causing immediate death to user through overdose or intoxicant effects. Highly addictive drugs such as cigarettes and heroin have high long-term mortality.

"Soft drugs" are here defined as drugs that are low or moderate in addictiveness and intoxication and low in immediate lethality. One schema, certainly arguable in its particulars, might look like the one in Table 6.

Teens' increasing tendencies to choose softer drugs has been revealed in 1990s surveys. The 1998 *Monitoring the Future Survey* of 15,200 high school seniors shown in Table 7 on page 88 is typical.

Despite a massive scare campaign funded by drug-war forces, current teenage practices pose little danger to young people or to society. For example, teens ages 13–19 comprise about 13% of the population ages 13 and older but account for much smaller percentages of deaths and other ill effects from drug use: about 7% of drunken driving deaths, 3% of "binge drinking" deaths,

Table 7. High school seniors' drug use.

Percent who:	Used in past year	Used in past month	Total Daily
Alcohol	74.3%	52.0%	3.9%
Cigarettes	35.1	22.4	
Marijuana	41.4	25.6	5.6
Cocaine	5.7	2.4	0.2
Methamphetamine	3.0	1.2	0.1
Heroin	1.0	0.5	0

2% of deaths from mixing alcohol and drugs, and 1% of cocaine and heroin fatalities. Both in absolute terms and in comparison to adults or to teens of the early 1970s, teens today are very unlikely to die from drug or alcohol abuse. Nor, as research reviews and long-term studies by researchers at the Lindesmith Center and the Universities of California at Los Angeles and at Berkeley found, does the general style of teenage drug use (occasional or weekend use of drugs that are neither addictive or particularly lethal, as is prevalent today) appear to pose long-term dangers of addiction in adulthood.[73]

Thus, the drug war's focus on teenagers is not warranted by youths' drug behaviors, nor has it been for two decades. If concern for young people is indeed the rationale, it would seem more logical to aim family interventions at parents and adults whose addictions menace the safety and well-being of young people in their care far more than does teenagers' use of harmful substances.

Rational responses to teen soft-drug use

While youths show dramatic new responses to America's changing drug landscape in the 1990s, a sadly predictable trend has been the failure of anti-smoking groups to reconsider their strategies—or even to carefully analyze what the trends have been. In fact, none of the crucial developments charted in this paper mean a thing to those who demand that teenagers absolutely abstain from tobacco, drugs, and alcohol. And this raises new questions about emerging strategies to promote health as effectively as possible.

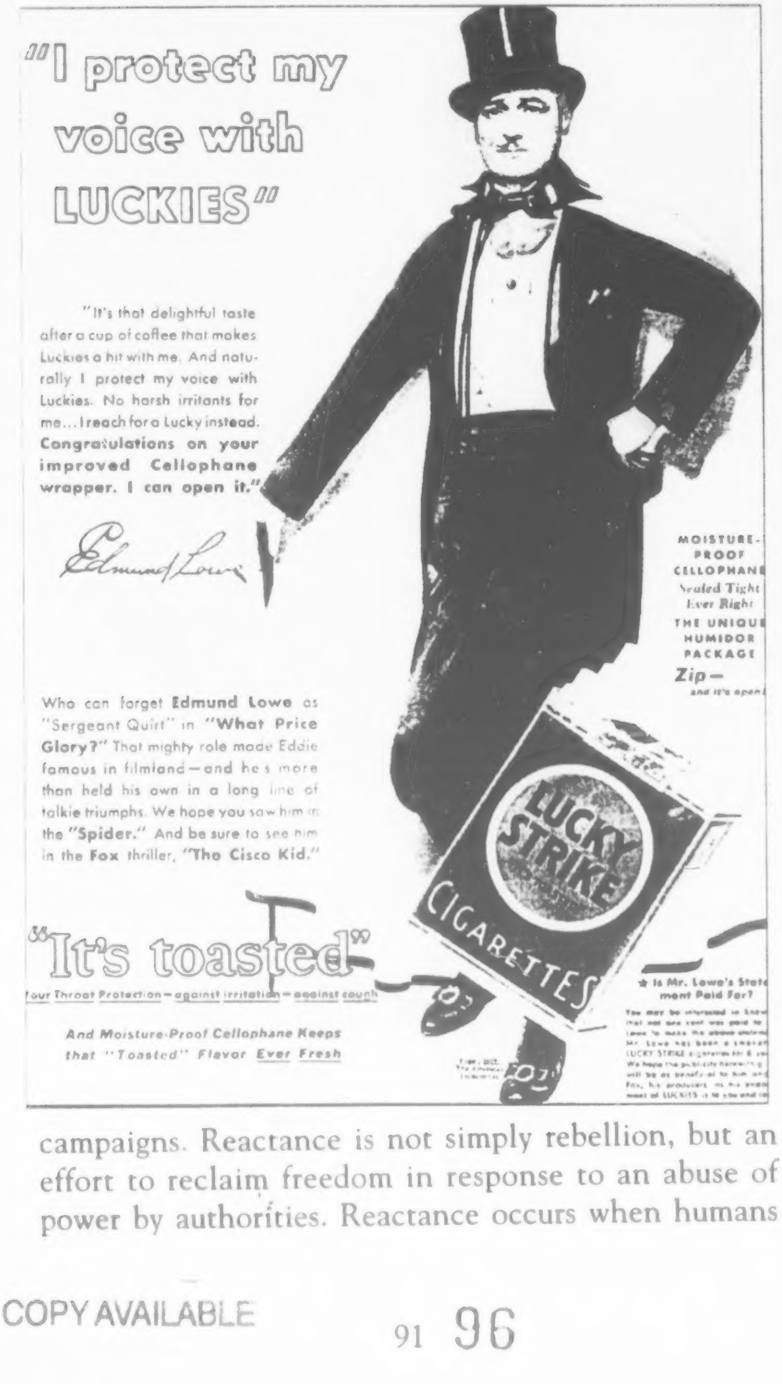
Drug policy analysts in the Netherlands, a nation which has designed its policies around public health rather than politics, recognize and differentiate between the mildly worrisome increased use of "soft drugs" by youths in Western nations and the debilitating epidemic of hard-drug abuse among older addicts. The Dutch government's 1995 *Drug Policy in The Netherlands: Continuity and Change*, reveals a much clearer perception of emerging realities than American anti-drug warriors: the drug menace requiring policy attention is not youth, but aging hard-drug addicts. Therefore, Dutch drug policy, following 1976 amendments to its Opium Act, separated soft-drug from hard-drug use by decriminalizing the use and sale of small amounts of soft drugs, maintaining criminal sanctions for harder ones, and concentrating on medical management of its aging hard-drug "clients."[74] World Health Organization statistics show heroin and other drug-related deaths plummeted in the Netherlands during the 1980s and '90s as they skyrocketed in the U.S.[75]

In both the United States and the Netherlands, the average age of a heroin and cocaine abuser is now the late 30s and early 40s, a decade older than in the 1980s.

Hard drugs are not winning new youthful recruits in either country. The similar trends in youthful drug use in the U.S. and the Netherlands indicate government policy is not the determinant of teenage decisions; rather, youths seem to be reacting against hard-drug addictions among adults. Unfortunately, the rigidly narrow parameters of America's drug debate so far have mandated that drugs must be discussed only as a teenage problem, precluding both anti-drug warriors such as White House drug czar Barry McCaffrey and Califano, and articulate reformers such as Dan Baum (*Smoke and Mirrors*), Mike Gray (*Drug Crazy*), and Michael Massing (*The Fix*) from addressing the vital fact that America's drug crisis is among the 30–50 age group.

Some restrictive measures founded in rationality may have been beneficial in reinforcing encouraging trends. For example, colleges have implemented sweeping bans on smoking in classroom buildings and dormitories. Dozens of large universities, including Florida, Florida State, Penn State, Texas A&M, California at Los Angeles and Berkeley, Texas at Austin, and Minnesota, do not permit smoking in any dorm rooms. Never has it been a worse time for students to be addicted to cigarettes. These restrictions promote nonsmoking or low-level, weekend smoking in social settings not affected by college smoking bans. Expansion of no-smoking zones, such as California's ban on smoking in restaurants, bars, and other public places, makes addictive smoking even less practicable.

But instead of these rational prevention measures, increasing imposition of draconian "zero tolerance" policies appears to have bred reactance among youths at risk to smoke—this time against anti-smoking and anti-drug


LUCKY STRIKE
CIGARETTES

"I protect my voice with LUCKIES"

"It's that delightful taste after a cup of coffee that makes Luckies a hit with me. And naturally I protect my voice with Luckies. No harsh irritants for me... I reach for a Lucky instead. **Congratulations on your improved Cellophane wrapper. I can open it."**

Edmund Lowe

Who can forget **Edmund Lowe** as "Sergeant Quirt" in **"What Price Glory?"** That mighty role made Eddie famous in filmland—and he's more than held his own in a long line of talkie triumphs. We hope you saw him in the **"Spider."** And be sure to see him in the **Fox** thriller, **"The Cisco Kid."**

"It's toasted"

Your Throat Protection—against irritation—against cough

And Moisture-Proof Cellophane Keeps that "Toasted" Flavor Ever Fresh

MOISTURE-PROOF CELLOPHANE
Sealed Tight
Ever Right
THE UNIQUE HUMIDOR PACKAGE
Zip—
and it's open

★ **Is Mr. Lowe's State ment Paid For?**

campaigns. Reactance is not simply rebellion, but an effort to reclaim freedom in response to an abuse of power by authorities. Reactance occurs when humans

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believe an essential freedom is threatened and react vigorously to reclaim it.

Why don't (do) YOU smoke?

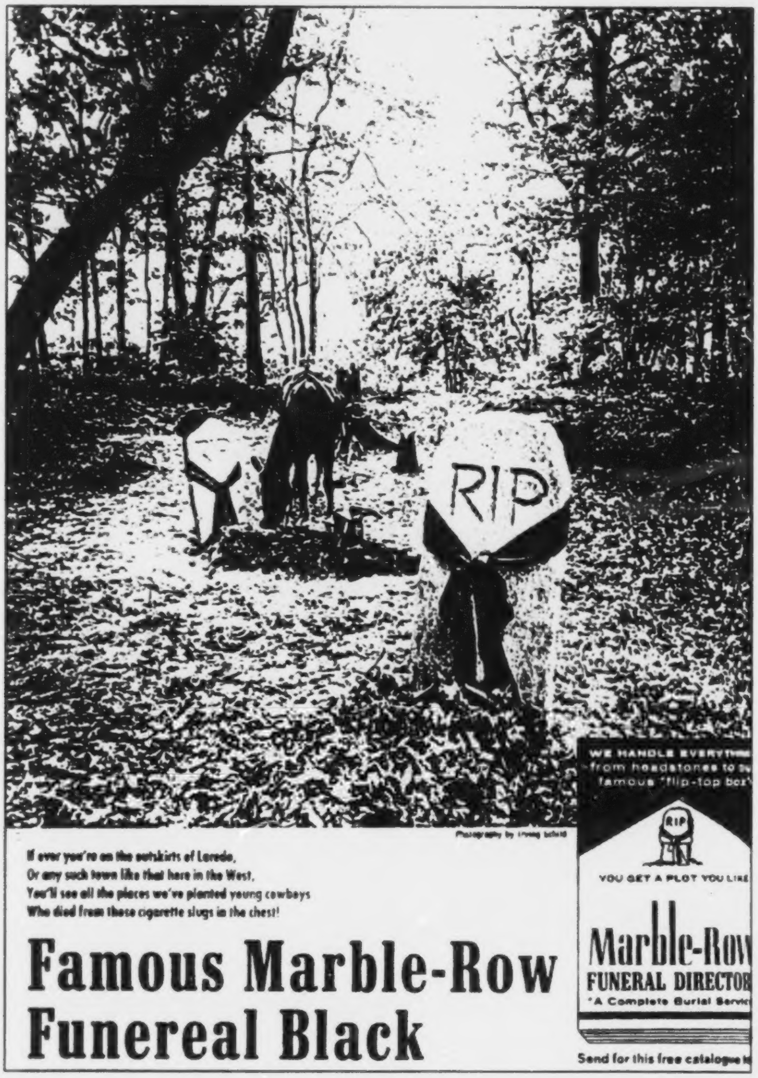
We have seen, from teenagers' rejection of harder drugs such as heroin, cocaine, crack, methamphetamine, and liquor, that youths do not ape their parents' and adults' habits when serious damage is manifest. Tobacco, however, may be mistaken for a soft drug since in most cases the worst health damage caused by parents' smoking is not visible until years after the time when their kids normally would decide to smoke. And so, in considering what measures might best deter smoking today, it is worthwhile for readers to reflect on why they don't smoke (or do). So many families of the 1950s and '60s harbored smokers that it's hard to imagine many (outside of those whose religion forbade smoking) that wouldn't have lost members to the nicotine plague, as mine did.

Probably my decision never to smoke came on a hike with my stepfather in the Colorado Rockies when I was 12, when the damage caused by his three packs a day was so severe that at age 38, he could not walk a hundred yards uphill. He would die at 53 from lung cancer. At his funeral, I learned my uncle (also a smoker) had cancer as well, and he died within the year. My two-pack-a-day grandfather's emphysema made him gasp heavily for half an hour after climbing the dozen stairs to our front porch. The disease took 20 years to slowly suffocate him.

I had experimented with smoking in the 1950s, starting around age seven or eight, stealing packs from the Marlboro cartons around my house (as did my cohorts), taking special pride in the red glows our cigs cast during endless explorations of local sewer tunnels, a common pastime in sweltering Oklahoma City summers. Our motive was simple (it made us look adult, like our parents and Bogey, Murrow, Hepburn, other celebrities), our non-inhaling technique silly (taking smoke into mouth, blowing back out) but not addicting. Stores sold cigarettes to grade schoolers without question (as long as we said they were for our parents), though the hefty price, 25 cents a pack or $2 a carton, made buying them ourselves an infrequent option.

Occupied by adults who puffed a total of five to six packs per day, my house was enveloped in blue haze. In elementary school I contracted a weird respiratory congestion that resembled tuberculosis, but wasn't. At age 12 I developed a serious case of pneumonia and began a lifelong sinus infection. It may have been the briefly bad condition of my lungs at that age, and the visibility of my stepfather's health deterioration and the early stages of my grandfather's two-decade battle with emphysema, that discouraged me from taking up my relatives' cigarette habit.

Doubtless, our youthful no-smoking resolve was helped by the biting satires in *Mad* magazine, our favorite, whose December 1966 "Marble-Row" back cover was posted on many a Sixties' child's bulletin board. Its "Funereal Black" theme showed horses grazing amid tombstones, promising "a plot you like" with "our famous flip-top box" to "cowboys who died from those cigarette slugs in the chest," 30 years before California's now-famous anti-smoking billboards showing the Marlboro Man ruing his lung cancer. I and a cell of junior high brats became rabid anti-smokers, stuffing those small, chemically-treated splinters into parents' cigarettes, laughing too loud when they exploded with a


RIP
WE HANDLE EVERYTH
from headstones to
famous "flip-top box
RIP
YOU GET A PLOT YOU LIKE
Marble-Row
FUNERAL DIRECTOR
"A Complete Burial Servic
If ever you're on the outskirts of Laredo,
Or any such town like that here in the West,
You'll see all the places we've planted young cowboys
Who died from these cigarette slugs in the chest!
Famous Marble-Row
Funereal Black
Send for this free catalogue

shredding bang upon parental ignition, then spending evenings confined to our rooms.

Obviously, if genuine anti-smoking programs—and there are many, especially at the local level—could bottle the answer to the riddle as to why one child of smok-

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ing parents follows them into nicotine bondage while another seems forever immune to the habit, that would spell the end of smoking. These are the "high risk" youths, many times more likely to take up the habit than children of non-smokers, whom everyone from health programs to the cigarette industry wants (for opposite purposes) to reach.

Much of the mystery as to why one son learns while another burns, then, depends on whether a young person sees his/her personal freedom compromised by addiction to cigarettes—which, in turn, depends on what future prospects tobacco use would jeopardize. Here the literature is fairly clear: smoking is not an isolated act. In the past, smoking was a widespread social accouterment, but modern smoking is connected to a variety of other factors, including poverty, low education, alcohol and drug abuse, and other "risk" behaviors both for youths and adults.[76] These factors vary especially strongly across populations, but they also vary within families.

What can teens tell us? Finally, researchers ask them

A new, decade-long "intellectual collaboration" by researchers for the United Kingdom's Department of Health, which employed the same effective method (surveys of youth behavior followed by focus groups to probe what the responses mean) that *USA Today* reporters used in their illuminating report on teenagers and ads, casts light on the different ways adolescents connect smoking and non-smoking to "adulthood." Their 1998 report, *Smoking in Adolescence: Images and Identities*, is a breath of fresh air. Adult biases and interrelated cultural myths have produced wrongheaded policies, the UK team concluded. "The inadequacy of strategies based on myth and popular opinion has been illustrated by the failure of many intervention programmes to date," they found. "Moreover, a danger exists whereby the adoption and promulgation of such myths by health professionals results in their being accepted as fact and threaten to produce self-fulfilling prophecy:"

> Much of the research on adolescent smoking has been undertaken from a medically-oriented, largely middle-aged perspective. Researchers have long used the term "risk behaviour" to characterise those activities that pose some immediate or distant threat to adolescent health. This notion has been taken up enthusiastically by those who study aspects of young people's recreational activities. Their list of "risk" or latterly "problem" behaviours includes smoking, drinking, the use of illicit substances, and aspects of sexuality. Value judgments about the "kind" of adolescents who engage in this behaviour have resulted in descriptions of a "syndrome." The list of behaviours associated with smoking that pose a threat to adolescents' health seems to grow and grow. This line of argument culminated in a recent claim that early tobacco and alcohol use is linked not only to the use of illicit substances and to more permissive sexual attitudes, but even to carrying weapons. This so-called "gateway" explanation has been invoked frequently throughout the Western world, but so far has failed to provide interventions which succeed in modifying young people's recreational behaviour.[77]

Scientifically limited thinking has been compounded by absurdity, they pointed out. "Can it really be inferred that a clandestine cigarette in the playground leads to the carrying of knives and guns?" the UK team asked. "...The lack of successful interventions may lie in the very different views of the world held by medically-oriented academics than by teenagers themselves."

Unlike Califano and American policy makers, the UK researchers focus on the true "gateway" to teen tobacco use: the social acceptability of adult smoking. The UK findings nail the double standard:

> It is clear that health professionals and educators can no longer view adolescent cigarette smoking as a feckless, deviant behaviour. Despite the undoubted co-occurrence of cigarette smoking with other health-threatening behaviours, which has led to the compelling notion of a syndrome of "problem behaviours," it is obvious that some of these activities are nevertheless a part of normal adult society...(and) are seen as "problematic" only when they occur precociously. Cigarette smoking may very well result in very serious health consequences, but it remains an activity undertaken by a substantial proportion of the adult proportion. It is difficult to defend, therefore, a perspective which views smoking among teenagers as "unnatural." In fact, it could be argued that by experimenting with cigarettes, teenagers are simply "testing out" one of the most common social representations of adults (p. 183).

The authors delineate the true link between tobacco promotion and adult practices: ads do not create youth smoking so much as they dress up and reinforce the already visible fact that it is "adult" to smoke:

> Adults use tobacco openly, legally, and to the background of fabulously expensive and sophisticated advertising and promotion. It is conceivable that adolescent smokers are acting in a manner which is entirely logical and psychologically "healthy" in developmental terms. They are simply experiencing a very common aspect of adulthood for themselves (p. 183).

But not all adolescents. Stereotyping of teens as uniform risk-takers is an enemy of effective policy. Key point:

> There were clear differences in the ways in which smokers and non-smokers defined maturity. While non-smokers tended to associate maturity with adult *values*, such as academic success and responsibility, smokers tended to identify maturity with participation in the *behaviours* engaged in by adults, such as smoking, drinking, and having parties...Smoking may be seen as a quite logical, developmental outcome for such adolescents which results from their adoption of what they perceive to be adult behaviour. Interventions and campaigns that assume a homogenous "youth culture" (often defined by adults) are thus fundamentally flawed (p. 184).

An ancillary result is that youths reason, logically, that living a double standard is what "adulthood" is all about.

The study's extensive interviews questioned health experts' dogma that smoking represents some kind of developmental or peer-organized pathology. They found that "concern about thinness and weight" was only a minor factor influencing the smoking uptake of girls"; other negative societal factors young women face were far more important (page 112). Attacking another adult bias, UK researchers found, policies based on suppressing "peer pressure" (the favorite smoking motivator of both health authorities and the tobacco industry) were dubious:

> Cigarette smoking in adolescence cannot be seen as a kind of "behavioural disease" which spreads from one individual to another through some all-encompassing, yet poorly-defined, process conveniently (if loosely) labeled "peer pressure." This view of it is, we believe, a

> result of attempts (largely perpetrated by medical practitioners) to describe human behaviour in medicalised terms. Such attempts are, in our opinion, as outmoded as they are mechanistic.
>
> ...There is a complex interplay between risk and protective factors for engagement in adolescent problem behaviour in general, and cigarette smoking in particular...(and) many of these factors are:
>
> - difficult to influence by conventional, mass-media interventions (for example, poor parenting styles);
> - the result of factors of which adolescents have little or no control (for example, family breakdown and divorce); or
> - a result of influences beyond the personal or familial (for example, the lack of coherent sense of community or community identity) (pp 184–85).

Reinstating youth as allies

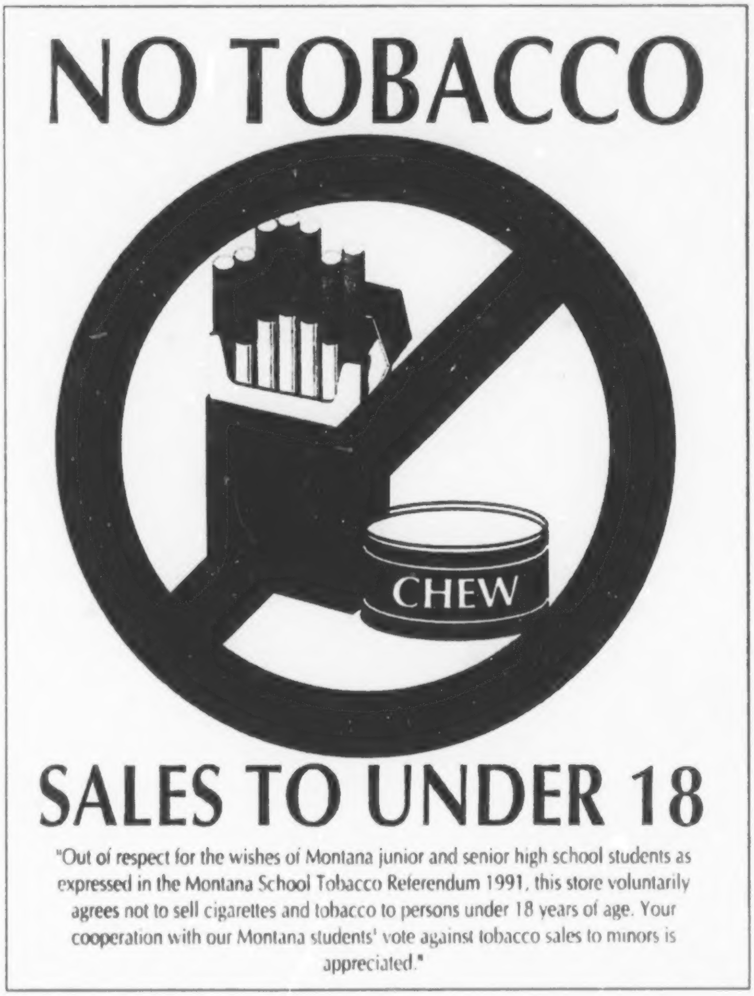
In 1990, I was hired by the American Cancer Society to organize a statewide petition drive in Montana to collect 18,000 signatures to place an initiative levying a 25-cent-per-pack cigarette and an equivalent chewing-tobacco tax increase on the November election ballot. We quickly collected 25,000 signatures and earned a spot on the ballot, but the industry poured a record $1.7 million into defeating it in the general election.

After the election loss, the anti-smoking coalition split on what anti-tobacco measures to push in the 1991 legislature. The larger faction drafted a bill to criminalize teenage smoking (tobacco sales to youths were then legal in Montana). A small number of dissenters, including me, proposed a statewide "tobacco referendum" among Montana junior and senior high school students to ban smoking in schools. Later, in order to serve as a direct alternative to criminalizing youth smoking, this proposal evolved into a referendum asking students whether they thought stores should voluntarily refuse to sell tobacco to youths. The student referendum was approved by legislators as an alternative to imposing a legal ban.

The student voice: Not what policy makers expect

The results of Montana's student tobacco referendums, held in the state's 300 secondary schools in 1991, were spectacular. In Bozeman, 2,000 junior and senior high students (along with teachers and staff) voted by 80% margins to decree their schools "tobacco free" for all age groups. Statewide, 51,000 students (virtually all of those in attendance) voted by a 60–40% margin to ask store owners to post bright red signs pointing out that students themselves elected not to permit cigarette or tobacco sales to their peers.[78] Young people declared voluntary willingness to accept restrictions on their tobacco use not imposed on grownups; in fact, just 11 months earlier, adults had voted down our initiative imposing a modest tax increase on smokes.

The healthy teenage sentiment demonstrated by the Montana Student Tobacco Referendum as well as national student attitude surveys was completely lost in the debate over tobacco policy and teens. Unfortunately, there was no opportunity to explore the effectiveness of the referendum approach because soon after, Congress mandated that all states legally ban youths under 18 from buying cigarettes or lose federal addiction treatment funding.



NO TOBACCO

SALES TO UNDER 18

"Out of respect for the wishes of Montana junior and senior high school students as expressed in the Montana School Tobacco Referendum 1991, this store voluntarily agrees not to sell cigarettes and tobacco to persons under 18 years of age. Your cooperation with our Montana students' vote against tobacco sales to minors is appreciated."

The referendum also contained danger signals borne out by the 1997 *New England Journal of Medicine* study discussed earlier: criminalization is harmful, not helpful to the cause. In three cities, Missoula, Livingston, and Billings, city councils had implemented ordinances to criminalize teenage smoking. In some cases, anti-smokers were rabid: activists in Missoula asserted their right to make "citizens' arrests" to forcibly prevent youths from buying tobacco. Youths' negative reactions to these measures showed up in the student voting in the three Montana cities. Mathematical analysis showed students were significantly less likely to vote for the referendum in Missoula, Livingston, and Billings than would have been predicted by the smoking rates, adult vote for the tobacco tax increase, and student votes in similar cities. These cities, where teen smoking had been criminalized, were the only cities where such a pro-smoking trend occurred.

It is important to understand the radically differing philosophies behind the student referendum versus adult-imposed criminalization, ones which mirrored policy choices nationwide. By necessity, backers of the bill to criminalize teen smoking were obliged to present a negative view of adolescents as incompetent to make decisions about their health. Advocates of the student referendum, which included many students, argued that Montana youths had proven they could make good decisions and should be allowed to decide for their own generation. Even though Montana teenagers could legally buy cigarettes and chewing tobacco, their rates of tobacco use were the lowest in the nation—considerably lower than tobacco patronage by Minnesota teenagers, the state whose legal ban on teen smoking was the model for Montana's criminalization bill!

The results of 1990s American tobacco policy seem clear: when strategies are anti-youth, denigrating adolescent decision-making and insisting adults must take away youth rights, they fail. When adolescents are allowed to make informed decisions absent coercion, as in the 1970s and 1980s and in states like Montana, teenage smoking and tobacco use rates tend to be low and declining.

Although the latest projections as this book goes to press (August 1999) are that the tobacco settlement will add 70 cents to the price of a pack of cigarettes, this one-time benefit is a small victory compared to the fatal blow that could have been struck against a malignant industry. In an upbeat August 9, 1999, cover-story gloater, "Smoke This!," the big-business champion Forbes magazine toasted Philip Morris as "rock solid... one very profitable operation." Just as Glantz predicted, "the marketing handcuffs" including the banishment of tobacco ads "from billboards, most sports events, and practically anywhere else they might be seen to target youth... don't seem to bother (Michael) Szymanczyk," Philip Morris chief executive, Forbes reported. The company concentrates on shoring up its adult smoking base, maintaining a computerized data bank of "tens of millions of smokers" the company regularly peppers with missives, bar and club promotions, and "even a he-man magazine, *Unlimited*." Further, as Glantz predicted, the settlement locked in Philip Morris's dominant position, now approaching 50% of the domestic cigarette market. And, as predicted, Forbes and Philip Morris's 1998 *Annual Report* noted, "we account for only one out of seven cigarettes sold outside the United States, leaving considerable room for growth."[79]

Finally, the company continues to benefit from the blindness of its enemies. Yet again displaying no fear of anti-youth-smoking salvos, Philip Morris donated $4.3 million to the National 4-H Council to run independent "youth smoking prevention efforts" as part of a larger $100 million campaign. Instead of exposing the cigarette giant's real strategy aimed at reinforcing grownup smokers and successfully grabbing ever-larger shares of both domestic and international markets through sophisticated new promotions, the National Campaign for Tobacco-Free Kids used the occasion to blame the Marlboro Man for "addicting millions of kids to tobacco"—a statement for which no evidence exists.

Unfortunately, the strategies most effective in reducing smoking (see below) are exactly those which are least effective for politicians interested in grabbing quick poll points to advocate. In the Clinton era, politicians and politically-attuned institutions have displayed an increasingly exploitative, cavalier attitude toward a serious health menace. Smoking is projected by the World Health Organization to kill 10 million people every year worldwide over the next decade, including 400,000 annually in the United States.[80] In the U.S. and elsewhere, advancing effective measures to cut down on smoking depends upon first resolving a dilemma that shouldn't be one: good politics versus good health.

Recommendations to achieve a smoke-free society

1. The thrust of anti-tobacco policy should be "denormalization"—that is, making tobacco use socially unacceptable. To this end, distinction should be made between the individual and social acceptability of smoking.

    a. Tobacco should not be criminalized. The right of an individual to use tobacco at a price commensurate with its public costs and in a manner that does not harm others should be respected.

b. Policies should seek to make smoking socially unacceptable, as former Surgeon General Everett Koop sought to do. Consistent with recommendations of recent studies of the effects of passive smoking, particularly on children, smoking should not be permitted in any enclosed public place or workplace. Nor should smoking be allowed in private locations (including homes and vehicles) where persons under age 18 are forced to breathe secondhand smoke, as the National Research Council's review and Massachusetts and Wisconsin medical studies of passive smoking recommended. State laws require youths to live where their parents specify and to obey their parents; therefore, states are morally obligated to protect youths from harm inflicted by parents.

c. Tobacco should not be portrayed in any way as an "adult" habit, a point Stanton Glantz and other health lobbyists have emphasized.

d. Negative, demeaning, and discriminatory measures such as age-limit laws and "access" policies criminalizing youth tobacco use should be abolished. In their place, positive approaches such as student and youth referendums to establish anti-tobacco policies (including ones in which young people voluntarily accept restrictions) should be explored, with recognition that votes against anti-smoking policies should also be respected.

e. The tax on tobacco products should be raised substantially and gradually (i.e., by 10% to 20% of average wholesale price per year) to levels similar to other Western nations, a strategy that entities as diverse as the Centers for Disease Control's Office on Smoking and Health, the Campaign for Tobacco-Free Kids, and the tobacco industry itself agree would be the most effective in reducing smoking. Black market and illegal sales from military bases and Native American reservations should be strictly policed.

f. Caution should be undertaken in using tobacco taxes to fund prevention or other health programs, causes unrelated to tobacco, or general government, as the recent Master Settlement and California's recent cigarette tax increase to fund early childhood development programs (which I voted for) do. The effect is to create constituencies dependent on maintaining high rates of cigarette use to generate funding for themselves. The ideal use of tobacco taxes and settlement payments is to fund stop-smoking programs, to offset medical costs of treating tobacco-related diseases, and to pay for other ongoing problems caused by tobacco addiction.

g. Legal action by smokers who became addicted, and by states and other entities who suffered costs as a result, prior to the public admission by tobacco companies that their product was addictive and dangerous should be permitted without arbitrary restrictions, points Glantz and Ralph Nader have emphasized. Punitive damages are appropriate in cases in which industries deliberately withheld evidence that their products were dangerous, regardless of whether it is assumed that consumers should have "known."

2. Tobacco should be tightly regulated as an addictive drug by the Federal Trade Commission and by the Food and Drug Administration.

    a. Tobacco advertising should be restricted to stating the addictive and health effects of smoking. Advertising messages that smoking, or smoking this or that brand, is refreshing, satisfying, sophisticated, or otherwise beneficial (independent of its temporary relief of addictive symptoms) should be subjected to scientific proof. Tobacco promotions should be outlawed in the same manner as promotions of addictive or dangerous pharmaceutical drugs.

    b. Companies should be required to gradually reduce the nicotine content of cigarettes and other tobacco products to levels which are not addicting.

    c. Until tobacco manufacturers reduce the nicotine content of their products to levels that are not physically addicting, the marketing of American tobacco products overseas should be prohibited, except in the narrowly regulated cases of OECD (Organization for Economic Cooperation and Development, or "Western") nations which permit their tobacco products to be marketed in the U.S.

3. Tobacco policy reform must be integrated with reformed drug policies.

    a. Policy distinction should be made between different types of drugs based on individual qualities such as lethality, addictiveness, and intoxicating effects.

b. "Zero tolerance" policies for soft drugs should be eliminated. Adolescent and adult experimentation and moderate use of drugs such as marijuana, other hallucinogens, alcohol, tobacco, and other softer drugs should be recognized as normal and not punished, except for use that is harmful to others.

c. Penalties for drug use that is harmful to others (i.e., drunken driving; public intoxication; drug-related crime; smoking in airspaces of nonsmokers, particularly children) should be penalized more strongly than they are today, with emphasis on loss of freedom until the abuser successfully completes treatment and achieves abstinence.

d. As is normative to European and Latin American nations, use of alcohol, tobacco and other legal drugs by youths should be recognized as a family responsibility, with state intervention allowed only where family practices are manifestly harmful. Legal ages for drug use should be set low (prepuberty) and should not require complete abstinence from substances adults are permitted to use.

4. Tobacco education should be factual and encourage teenage reactance against drug addiction, not against irrationally punitive authorities.

a. Tobacco, alcohol, and other soft-drug experimentation should be recognized as normal to the teen years, but habitual use should be portrayed as rejected by a large majority of teens.

b. Education should be factual. Negative effects of tobacco use are paramount, but it should be recognized that individuals use tobacco in varied ways, for varied reasons, and with varied results.

c. Schools, like other public institutions, should be tobacco free for all ages. A positive means of accomplishing this is by student/faculty/staff referendum.

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